

Luke's Journal



Christian Medical
and Dental
Fellowship of
Australia

of Christian Medicine & Dentistry
Vol. 26 No. 3 November 2021

ISSN 2209-9441

Children of God

Perspectives Of A New Parent

**Gender Fluidity:
Should It Be
Taught At School?**

**Multiple Births:
Fun And Games,
Or Not Quite?**

**Overcoming
Fear As A
Child Of God**



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Steven Naoum

My year studying at SMBC was certainly the most significant year of my life. On reflection it equipped me greatly for every endeavour I have undertaken since as I have sought to live as a child of God in his world in all I do. Spending a year completely focussed on God, his goodness and sovereignty, and dwelling day after day on his word – what he has said and done throughout history – was the best decision I have made!

Study was rigorous and of a very high standard, and I still say this having completed a PhD and being half way through specialist clinical training. But it wasn't just a thing of the head – my heart and will were continually challenged – both in the classroom and by living in the college community.

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Luke's
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Next Editions:

Rest
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Copy due 30 April 2022



EDITORIAL

Children Of God



Art by Tata

Recent news, from Australia and overseas, has been heartbreaking. COVID-19 surges and deaths^{1,2}, children in ICU³, lockdowns, restrictions, and borders⁴ keeping families apart, Taliban taking over Afghanistan and children orphaned⁵, and an increase in mental health concerns^{6,7} have dominated our news.

Personally these last few months, my heart has ached for a friend's baby who had her surgery cancelled for the second time due to COVID-19; a child who suddenly passed away due to cerebral aneurysm; and families with special needs children who have been in a seemingly endless cycle of restrictions and lockdowns.

All these occurrences contradict what we would normally associate with children and childhood. The cliché suggesting that children grow slowly and so we have plenty of time to introduce them to Jesus, no longer rings true. Since the COVID-19 pandemic is still with us, an unprecedented urgency has set in, and our lives have become more chaotic, more unpredictable, and seemingly, more fragile.

It's a timely reminder that we have only limited time on this earth and so we need to make the best use of the time we have.

Dr Andy Williams's article on "Parenting in a self-centred world" and Dr Li Qing Wong's article on "How do we nurture our children for a lifelong relationship with God?" aptly remind us to check our priorities; while Dr Paul Mercer's "With eyes wide open" challenges us to look beyond the obvious and consider new perspectives.

"Loving the little children of God: discipleship in the church family" by Emily Mikelsons paints a vivid picture that evangelism and discipleship begin with children, in Christian homes and children's ministries. Evangelism and discipleship training should not be age restricted. We are never too young or too old to be children of God. As children of God (John 1:12), adopted into God's family (Ephesians 1:5), we are to make disciples of all nations (Matthew 28: 19-20) in order to help others know God as their Heavenly Father, Lord and Saviour, and together "make a big deal out of God"⁸ in our everyday lives, worshipping God, praying to God, and being joyful and thankful in Him (1 Thessalonians 5: 16-18). Dr Kathryn Thacker gives us glimpses into the lives of special children, the miracles witnessed and her acknowledgement of our Heavenly Father at work. Dr Nathan Combs' "The love of the Father" is a

touching tribute to children, all children, being a gift from God (Psalm 127:3). Dr Sam Chan, in his characteristic humorous style, brings our attention to the perfect child of God - baby Jesus, human dignity and, um, poo, in his article, "Kiddo, one day you'll be changing my nappies".

We are living in unpredictable times, but as children of God, we have blessed assurance. Doesn't that make you want to "Give thanks to the Lord because He is good. His faithful love continues forever" (Psalm 136:1) and tell everyone about Jesus and about God's gift of salvation?

In this issue of Luke's Journal, we are truly blessed with great contributions from many children of God. What distinguishes this issue in particular are the contributions from God-loving little artists, aged 3yo-14yo, who provided some of the artworks that accompany the articles. Thanks to their efforts our articles are delightfully embellished. Take time to enjoy the work of these little hands, and you'll discover that their "pictures speak a thousand words".

Now, shall we enjoy a cuppa and start exploring "Children of God"?



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Art by Alicia Lee, 5yo



Our family will soon welcome our second child and while we are excited about this, we also wonder how our love will expand to embrace both children equally and individually. Parents who have gone before, tell us that hearts grow and it is not a matter of sharing love, but that we become able to hold and pour out more than we imagine.

As the day of baby's arrival draws closer, I find myself more aware of sibling relationships and how parents can influence these. Others have shared their struggles, victories and strategies for managing differences in their children's giftings and personalities. Will there be comparison, jealousy and sibling rivalry? Will it be necessary to parent one child differently from the other?

Seeing the story of the prodigal son through the lens of parenthood highlights to me the fairness, abundance and personal qualities of God's fatherly love.

"See what great love the Father has lavished on us, that we should be called children of God..." (John 3:1)

What (we think) we deserve

A father with two sons. Each learns the quality of their father's love in different ways. The younger son is prodigal but returns home to an extravagantly welcoming and forgiving love. The elder son is hard working and loyal. He discovers that the father's love is much more than an inheritance or wage. To both these sons, the father's love is equal, yet personally delivered.

"A father with two sons. Each learns the quality of their father's love in different ways."

Both sons had ideas of what they were entitled to. The younger son initially demanded his inheritance to spend as he pleased. When he later found himself destitute, he returned to his father's home saying he was unworthy to be called or treated as a son.

The older son stayed in his father's home, working obediently and persistently. When he saw his father's welcome for his brother's return, he became angry. It seemed unfair to him that his irresponsible brother should have such a grand celebration, when, for all his work, he had not even received a young goat with which he could celebrate.

Our preconceptions can influence our response to God. We might get angry when He seems to allow injustices, feel ashamed when we are convicted of sin, or feel entitled to greater blessings in our lives.

In one of his sermons, Tim Keller discusses the idea of "achieved identity" compared to "received identity". How do we see ourselves and our relationship with our Father God? Do we place more value on our actions and achievements influencing how God sees and treats us, or are we able to receive the identity He has freely given us through His loving grace?

The Father's answer

Two sons with different burdens laid upon their hearts. The younger one, ashamed to return home destitute; the

older one, in anger, refusing to come in and join the celebration. The father does not wait for his sons to sort out their feelings and reconcile, but goes out to meet them where they are. God is not distant. He responds intentionally and lovingly to us in every situation.

"The younger one said to his father, 'Father, give me my share of the estate.' So he divided his property between them." (Luke 15:12)

God lets us learn and gives us the freedom to make choices. We might wonder why God did not intervene at certain times in our lives, only to see later the testimony that was built upon that initial painful experience.

"So he (the younger son) got up and went to his father. But while he was still a long way off, his father saw him and was filled with compassion for him; he ran to his son, threw his arms around him and kissed him." (Luke 15:20)

God sees the intent of our hearts and rejoices as we turn towards him. We only have to look, and we will see Him running towards us with open arms, ready to cover our shame with the

glorious riches of His purpose, His identity and His sense of worth. He forgives fully, loves lavishly and celebrates wholeheartedly when the lost are found.

"My son,' the father said, 'you are always with me, and everything I have is yours.'" (Luke 15:31)



Art by Kristen Dang

When we are angry, jealous, or disappointed, God reminds us of His faithfulness and provision. In His presence, we have everything

we need. Through the Holy Spirit, we have access to God's wisdom, direction, peace and so much more.

Just come

So to those who have wandered, lost, and despaired;
Come home to the Father's comforting arms.

To those feeling unworthy, rejected and dirty;
Come home, and let the Father clothe you anew.

To those who are angry and don't understand;
Come inside and see what the Father reveals.

To those who are fatherless, or feeling unloved;
Know your Heavenly Father loves you fully and unconditionally.

There is room for everyone in the Father's house.

"My Father's house has many rooms; if that were not so, would I have told you that I am going there to prepare a place for you?" (John 14:2)



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The Love Of The Father



Children
are
a
Gift
from
GOD!

Art by Hailey Law 10yo

The Universal Declaration of Human Rights is a document drafted and proclaimed by the United Nations General Assembly in Paris on 10 December 1948 in consultation with representatives from different backgrounds around the world. It aims to create a common standard of fundamental human rights to be protected. It recognises the “inherent dignity and the equal and inalienable rights of all members of the human family”¹ which should be taught and promoted to obtain universal recognition and observance, to be protected by the rule of law in all member states and territories under their jurisdiction.¹

The Declaration proceeds through 30 different articles covering various human rights and their implementations. The rights covered include: the right to life, liberty and security; to safety from torture; to recognition and equal treatment before the law; freedom of movement within a country; freedom of marriage; freedom of choice of employment; freedom of thought, opinion and expression; freedom of choice of accessible education; and freedom to participate in culture, art and scientific advancement. The declaration also demands a standard of food, clothing, medical care and social services to allow for adequate health

and wellbeing of the individual and their family. It demands a right to rest and leisure, accessible education, and freedom of parental choice of education. It demands the right to nationality and the right to seek asylum.¹

But why do humans deserve these rights in the first place? Why are the “barbarous acts”¹ that the United Nations (UN) condemns in this declaration wrong? Why are human beings deserving of such value and respect? What characteristics do humans have that are deserving of such reverence? Of what origin are humans that they deserve to be honoured?

One argument for why humanity should be given such high regard is because we have won over nature. We are the ultimate apex predator and we have gained dominance in the game of survival of the fittest. However, if our value is merely in how well we dominate other species, surely we should continue this behaviour over other animals and nature in general and dominate the physically and mentally weak amongst us. Or is the value of humanity due to our intelligence or the marvellous cultures and religions we have built?

Article 1 of the Declaration of Human Rights states:

“All human beings are born free and equal in dignity and rights.”¹

This seems to be a subjective statement without objective reasoning behind it.

Similarly, the Australian Human Rights Commission states:

“Every person has dignity and value. One of the ways that we recognise the fundamental worth of every person is by acknowledging and respecting their human rights.”²

This again is just a statement of belief. No reasoning is given for this to be a fact.

As Christians, we understand why these statements are true. We are God’s reflection, and *He* has given us a special place in creation.

“So God created man in his own image, in the image of God he created him; male and female he created them.” (Gen 1:27 ESV)

“What is man that you are mindful of him, and the son of man that you care for him? Yet you have made him a little lower than the heavenly beings and crowned him with glory and honour. You have given him dominion over the works of your hands; you have put all things under his feet.” (Psalm 8:4-6 ESV)

God tells us that the value of man is in two properties. First, man was made in the image of God. Second, God placed him in the position of honour in which he sits.

Furthermore, we know that God cares for every one of us down to the hairs on our head and that he has planned out our lives even before we came into existence.

"Are not two sparrows sold for a penny? And not one of them will fall to the ground apart from your Father. But even the hairs of your head are all numbered. Fear not, therefore; you are of more value than many sparrows." (Matt 10:29-31 ESV)

"For you formed my inward parts; you knitted me together in my mother's womb. I praise you, for I am fearfully and wonderfully made. Wonderful are your works; my soul knows it very well. My frame was not hidden from you, when I was being made in secret, intricately woven in the depths of the earth. Your eyes saw my unformed substance; in your book were written, every one of them, the days that were formed for me, when as yet there was none of them." (Ps 139:13-16 ESV)

So human value lies in how man was created and that God has stated that humans are valuable. Though Christians have a different means of getting here, we come to the same conclusion as most humanist philosophers and ethicists, though I would argue with much more objective backing for saying so.

Once we have established that a human being has value, we need to ask what makes a human, human? To put it another way, what makes someone a member of the human race? When does a human begin and when does a human end? In Scripture we see that the concept of your personhood begins before your birth, *"In your book were written... the days that were formed for me, when as yet there was none of them"* (Ps 139:16). And that personhood doesn't end but rather as the physical body dies, the soul or person continues on for eternity. *John 5:24 (ESV) "Truly, truly, I say to you, whoever hears my word and believes him who sent me has eternal life. He does not come into judgment, but has passed from death to life."*

Some secular ethicists, such as Professor Peter Singer (bioethicist), make the claim that personhood is seen in "rationality, autonomy, and self-consciousness."³ It is this determination of personhood, and hence value, that leads to some serious

differences in medical ethics between Christians and Professor Singer. Singer gives a human value based on what we can do with our mind, but God gives us value based on our humanity alone. Singer thus concludes that some humans are not worthy of protection, and further leads to the conclusion that some, such as infants and the disabled, should be killed:

"Newborn human babies have no sense of their own existence over time. So killing a newborn baby is never equivalent to killing a person, that is, a being who wants to go on living...to the extent that if a decision is taken, by the parents and doctors, that it is better that a baby should die, I believe it should be possible to carry out that decision, not only by withholding or withdrawing life-support which can lead to the baby dying slowly from dehydration or from an infection but also by taking active steps to end the baby's life swiftly and humanely."



"We are God's reflection, and He has given us a special place in creation."

Art by TaTa

Extreme views like this show the dangers of placing human value on what someone can do rather than who God says they are.⁴

As a GP Obstetrician, this difference in morality is something that I have struggled with at times, especially in a secular world where we are told that abortion is about a woman's choice, not about the death of a human fetus. A woman's right is said to trump the rights of the future baby and the father of the child. Even Hippocrates, who didn't share our faith, found abortion in opposition to divine law.

"I swear by Apollo the physician...that according to my ability and judgement I will keep this Oath and this contract...I will not give a lethal drug to anyone if I

am asked, nor will I advise such a plan; and similarly I will not give a woman a pessary to cause an abortion. In purity and according to divine law will I carry out my life and my art." Hippocrates⁵

I do find, however, these cases of electing for abortion to be easier to parse through my ethical filter than some other, more murky cases. We deliberately screen for Down syndrome (Trisomy 21) in first trimester screening and non-invasive prenatal testing in order to offer abortion to women who have a Trisomy 21 fetus. These children will be born with disabilities that will affect them their whole lives, and this is how we justify their termination. But a person with Down syndrome is no less valuable in the eyes of God – they are made in God's image and have been formed in their mother's womb by the hands of God. We don't want to abort these babies for *their* comfort but rather to avoid *our own* discomfort.

The cases I find most difficult are those that are incompatible with ongoing life, such as congenital heart disease which cannot be fixed, or severe hypoplastic left heart syndrome, or those babies without a brain (anencephaly). These children, if left in the womb until term, will usually not survive longer than hours to weeks. On this basis, my colleagues in maternal fetal medicine will routinely offer abortion in these circumstances, perhaps hoping to relieve the woman of the difficulties of further pregnancy and term delivery of a child who won't survive. And yet, even in these circumstances, I personally feel the same call from God, that these are his children, they have been created in his image and are deserving of our compassion. But that is easy for me to say, I have never had to personally go through a pregnancy with my wife awaiting the inevitable death that will come after birth.

So with the permission of a friend of mine, I would like to finish this article with the words of one who has experienced this very grief with his daughter being born with anencephaly. In his grief you can see the heart of a father and the Heavenly Father shining through.

"It was in that moment, that we were told that our baby girl had anencephaly and that she was destined to die shortly after birth. A king of Rohan once bemoaned that, 'No parent should have to bury their child'. And yet, here we are... But it is not all doom and gloom. We never lost the sense of wonder and awe at the fact that our child was alive. Even before we were

told of our child's diagnosis, we were in awe of the miracle of life where two gametes meet together and produce a tiny human made in our own image – a child who is ultimately made in the image of God. For me, it was her heartbeat that filled me with the greatest awe and wonder. The regular 'dook dook dook dook dook' that I heard at every ultrasound and every time I placed my ear against my wife's belly.

Not too long ago, I was aimlessly flicking through different channels on TV. I happened to stumble across an ABC documentary on foster children and the feelings of hurt and rejection that they wrestle with over the course of their lives. In this program, they interviewed a social worker who made an incredibly profound statement. She said, 'At the end of the day, all that these children want to know was that they were loved, even before they were born.'

This is the principle that we have sought to live out over the past several months. We had come to the realisation that we had been given an opportunity to love a child in all her brokenness. And we have sought to unconditionally love our baby girl despite her tragic, life limiting disability. We are glad that we have done so, as we were able to experience glimpses of the child that we could have gotten to know in the absence of her disorder.

Now a lot of people have asked me, 'How are you doing? Are you okay?' I think the answer to this question can be best summarised by a letter that I wrote to my daughter."



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Dearest Daughter,

It's your daddy here!! I just wanted to write a letter to let you know how much I adore and love you.

Our hearts were filled with joy at your conception, throughout the different stages of your pregnancy and at your birth. It has been such a joy to get to know you. To hear your heartbeat, to witness you sucking your thumb and wriggling around in your mummy's womb. To speak to you, sing to you and to hear your kick/punch responses to our dotting sounds. We were absolutely smitten with you when you were born. Tears flowed like rivers when I first set my eyes on you shortly after your birth. You are the love of my life. My darling child. My beautiful 'bao bei' (宝贝). You have never and will never be rejected by us. Your mummy and daddy love you as you are.

Of course, our hearts were filled with great sorrow at the revelation of your anencephaly diagnosis. It grieves our hearts that your life was so brief and that your experience of this life was 'hevel' (smoke/vapour in Hebrew). If it were up to me, I would gladly trade years and decades of my life to give you the opportunity to live, grow and develop. Ultimately, this is what weighs on our hearts the most – the fact that we will not be able (in this life, at least) to witness you grow, develop and mature into an adult woman with your own character, traits and personality. My heart mourns that I will not be able to: comfort you when you injure yourself; hold you when you are scared; share with you various insights I have gained of God and life; laugh with you as we behold comical scenarios; marvel at your various life milestones and achievements; or have the opportunity to witness you marry the man that your heart desires and have children of your own (if that is what your heart desires).

But our grief gives way to hope. Our prayer for you is that you always remain in your saviour, Christ Jesus. Our hope is that as you abide in Him, you will partake in both His death and His resurrection. We offer up your life to our God who is gracious and compassionate, slow to anger and abounding in steadfast love. Go with God little Eva. He will treat you far better than we could ever do. May the suffering that you have experienced in this brief, hevel life be but a light and momentary affliction compared to the eternal weight of glory that is promised for you as you abide in Christ Jesus. My hope is that God would stay true to His word that the last shall be first in the kingdom of God. Through no fault of your own, you have been placed last in this life (in the eyes of this world). But do not despair, for your God loves you and desires to offset all the lack that you have experienced in your brief, hevel life. May God bless you with His abundant riches in the life everlasting. My prayer is that, when I finally gather to take my place in the throne room of God, I would see you at a distance sitting in the place of honour at the right hand of God. If I could but see that, then my heart would be full.

We have sought to honour your life throughout. It is our privilege to know you and to have been able to provide shelter and care for you both in your mother's womb and after your birth. We are thankful that you were able to be born full term and that we were able to register your birth and to name you.

You now have a place in our collective family histories. We will remember you and honour you as a beloved family member. We love you so much. And we look forward to the day when we can sit together, conversing with merry hearts as we partake of the banquet feast in God's kingdom.

Love Daddy



Photo by Ignacio Campo_ - Unsplash



Perspectives Of A New Parent

We were so relieved that our beautiful baby daughter arrived safely. Her eyes closed, wrapped up and in my arms in the operating room, a tear of both joy and relief rolled down my face as I contemplated that precious, precious moment. This tiny being, our beautiful baby daughter, was truly a gift from God, for which we were so thankful.

It still felt so surreal when we returned home the following week our little baby; and though difficult, the next few weeks passed quickly. As it is for many other parents, the initial weeks were spent with very little sleep. As we gradually bonded with our newborn baby, we learned to distinguish between and respond to her different needs, such as feeding her when she was hungry, tending to her when she was uncomfortable, and holding her when she needed to be held and embraced.

There were quiet moments. We were able to catch glimpses of her blissful expression whilst fast asleep. When she was wide awake, we would enjoy each other's company, staring into each other's eyes as I held her in my arms. Staring into the eyes of this beautiful soul, this precious child of God, I contemplated one thought as I held her in my arms: the innate desire and ability of all humans, no matter how old or young, to connect with another. As I held my little baby, the fact that our very need for relationship and connection from the very beginning

seemed so tangible. Here, even in her infancy, I reflected on little Grace's capacity for love. Not just to receive my love to her as a mother to child, but her innate capacity as a created being to receive and experience and know of the precious love of Jesus, just like the little children who were brought to Jesus in the Gospel of Mark, and whom, on being rebuked by the disciples, were then welcomed right into Jesus' arms. *"He [Jesus] said to them, "Let the little children come to me, and do not hinder them, for the kingdom of God belongs to such as these." (Mark 10:13-16).*

"Here, even in her infancy, I reflected on little Grace's capacity for love."

My husband and I had resolved to bring our daughter up to know the Lord. While our perspectives on other things like hobbies, sports and schooling differed slightly, we were in complete agreement to be intentional and facilitate every opportunity for Grace to experience Jesus, with the hope that she will come to know Jesus as her Lord and Saviour. Before she was born, I remembered discussing our hopes for our daughter. The most important thing we pondered

about was how we could be sure she grew up to be a godly, humble, thoughtful and compassionate God-fearing child of God. The discussion always drew us back to two main points: our own fallibility, and God's ultimate qualification in being the perfect Father. God is the ultimate embodiment of the perfect parent: perfect in His love, holy and perfect in character, powerful yet meek, and tempering justice with grace and mercy.

Our job as Grace's imperfect parents, was most importantly, to ensure she knew she was loved, not just by us, but by Jesus. We hoped that she would not just hear about Jesus from us but come to know Jesus as her personal Lord and Saviour. As parents, we will tell her about Jesus, sing to her about Jesus and read with her about Jesus. Importantly, we will first surrender our imperfect selves to be followers of Jesus, as people who love Him, who in turn, by His grace, strive to reflect His character by living out our lives as an example of how we should want our posterity to be. As we continue to be refined by Jesus, we will try and live out our lives in faith. In recognising our shortcomings as Grace's parents, we pray that God will give us the grace that we need to continue to point our Grace to the kingdom of God; the ultimate Father, our Father in heaven; and Jesus, our Lord and Saviour.



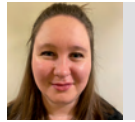


Photo by TBC Kids@10



Loving The Little Children Of God: Discipleship In The Church Family

Children’s ministry may look different from church to church but at its core are key aims to nurture, teach, love and shepherd the children that God has placed in our church family, and the children that He brings to us from our communities. We live out the great commission when we do these things, in the name of the Father, the Son and the Holy Spirit.

When a child is baptised in my congregation, the parents make vows to care for and raise their child to love the Lord Jesus while young, to know the Bible and enjoy the blessings of being in a Christian family and church. A part of the baptism service that I love is that the members of the congregation also make a vow to God as we witness the baptism of each covenant child. The promise is this:

“Do you, the members of this congregation, receive this child into your fellowship and promise to pray for him/her, and to help and encourage the parents as they seek to bring him/her up in the nurture and admonition of the Lord?”

What a great privilege and responsibility to commit oneself to be an example and helper for a child as they grow and learn within the love of a church family! I have not counted how many children I have made this vow for, but I take seriously the commitment to serve and love all the children that God has put in the midst of our congregation. Essentially the vows that the parents take are to disciple their own children and the members pledge to join them in this immense and joyful task, becoming part of the generational faithfulness commanded and exemplified in the Old and New Testaments. We

“I take seriously the commitment to serve and love all the children that God has put in the midst of our congregation.”

are “co-disciplers”, living out the great commission in our homes and churches. We are “teaching them to obey all that

[Jesus has] commanded [us]” (Mt 28:20) through our children’s ministry. We are demonstrating (by the Lord’s grace) what the righteousness of God’s kingdom looks like. Ultimately, this commitment is made because as Christians we have first made a commitment to King Jesus to follow him, make disciples, baptise them and teach them.

In my professional life I see the way that social work prioritises the best interests of children, seeking to promote their safety and wellbeing in everything. As a discipline, social work shares Biblical principles of respecting and valuing individuals, caring for the oppressed and seeking justice. The idea of seeking justice is an interesting one as the Bible couples the concept with righteousness, an extension that social work or social justice campaigners do not make. There is great work done by those who do not know Christ who are seeking justice. But by contrast, there is a missing element of true, Godly righteousness that leaves only half the Biblical picture. So why is this important? Can social reform truly happen without righteousness? Let’s do a quick survey of the Scripture.

God's perfect, restorative, and redemptive plan for justice and righteousness is detailed and proclaimed throughout the Bible. Psalm 89:14 says "righteousness and justice are the foundation of your throne"; Amos 5:24 cries "let justice roll on like a river, righteousness like a never-failing stream", Isaiah 1:17 tells us to "learn to do right; seek justice", the white horse in Revelation 19:11 judges in righteousness and Psalm 106:3 declares that those who act justly and do what is right are blessed. Clearly righteousness and justice are not only both important but are vitally interconnected. We do not seek justice for retribution's sake but because we know of the plan for righteousness. Social work seeks to right wrongs, but our mission as Christians is even bigger than that!

As Christians we collectively strive to obey the command that the Lord gives us throughout His word to seek justice and pursue righteousness. We desire to see God's kingdom established here, spread throughout the nations with people coming to faith and being disciplined. This brings us back around to children's ministry. What a joy that we are able to impart to our children the vision and action plan of the Bible to see communities of righteousness and justice. We are not just teaching them what it looks like to right wrongs, but to participate in God's works of righteousness – the blessings and advantages that come from living under Christ's rule. The Gospels are littered with references to the kingdom of God showing us that we are to seek it, pray for it, enjoy it now and look forward to



Art : Hannah Law, 4yo and Hailey Law, 10yo_ art based on Luke 5

“...we are able to impart to our children the vision and action plan of the Bible to see communities of righteousness and justice.”

its completion. In the great commission Jesus told His disciples that He had been given all authority in Heaven and on earth. As Christians we live under this rule and we show our children what a special thing that is. The promise that members of my church family make to pray for, be an example for and nurture covenant young ones (as with similar agreements that many other churches

practice) is done under Christ's authority.

Many of my colleagues in social work do not recognise the rule of Christ, so while their desire to seek justice for children is to be commended, it is also limited to the extent they are willing to obey the One who perfectly desires the best for His children. In children's ministry we can disciple children in the ways of the Lord who loves them, who desires justice for and righteousness from them. Ultimately, if we engage in the pursuit of justice for children without the exhortation to righteousness we endorse reactivity without training proactivity. So we teach and admonish all that Jesus commanded His disciples, illustrate and demonstrate life in the kingdom of God – and surely, He is with us always, until the very end of the age.



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Overcoming Fear As A Child Of God

– A Personal Perspective From A Dentist

Children are often very anxious at the dentist, and often they are apprehensive, unwilling to cooperate or cry because they are scared. Managing children can be chaotic. Sometimes it can get out of control and it all stems from fear.

Many general dental practices refuse paediatric patients as practitioners find it difficult to manage children who do not cooperate. These children are referred to the paediatric dentist for specialist care. It can be dangerous for both the child and the practitioner if the child is crying, screaming, moving around and dodging the instruments.

I've seen apprehensive children throw tantrums and bargain with their parents on what toys they would get if they behaved. I have now learned to determine when it is appropriate to refer on, and when I can manage the child in-house.

Recently, I saw a pair of siblings for their routine six monthly check up and clean. I remember the siblings both being apprehensive and cried when they came for their first dental visit. As

they grew up, they had gotten more familiar with coming to the dentist, and they had gotten used to me and to the procedures. I realised they were all smiles when they came recently. It was like they were visiting an old family friend. They were both so well behaved and even tolerated bitewing radiographs. There were no tears at all. Seeing how far they had come made my day! I was so happy and proud of them, I made sure they knew how happy I was with how much they have matured since they first came.

This reminded me of how God celebrates each small victory in our lives.

What does it mean to overcome fear as a child of God?

We are all born with fear; fear of the dentist, fear of the unknown, fear of rejection, fear of danger and fear of death. In a young child's world, so much is new and unfamiliar. For most people, fearfulness remains even as we age, and thus many people struggle with anxiety and depression.

As children of God, we need to find rest in the Lord. The best way to deal with fear is to overcome it, through Jesus. The spirit of fear is not of the Lord.

"For the Spirit God gave us does not make us timid, but gives us power, love and self-discipline." (2 Timothy 1:7)

1 John 4:18 says, *"There is no fear in love; instead, perfect love drives out fear, because fear involves punishment. So, the one who fears has not reached perfection in love."*

God allows us to go through trials and tribulations, or periods of wilderness and testing, to be refined and purified. God interacts with us, to remind us lovingly that he is bigger than our fears. We just need to have faith!

"He got up, rebuked the wind and said to the waves, 'Quiet! Be still!' Then the wind died down and it was completely calm. He said to his disciples, 'Why are you so afraid? Do you still have no faith?'" (Mark 4:39-40)

When we look back in retrospect, we realise that these trials help us grow deeper in our faith and our convictions and can help bring us closer to God. Sometimes it may hurt, but it is certainly for our benefit. The more we seek the Lord and learn to trust in Him, the more we experience His goodness, the more we grow and the more our

identity becomes rooted in Christ.

The Lord is overjoyed to see His children grow and mature in Christ, overcome fear, anxiety and depression in His name, just like when we see our children grow and mature and overcome the fear of even the little things in life.

As children of God, we have authority over the power of the devil, we have authority to break strongholds of the

enemy. God has given us His Word and Spirit, so that we may have the wisdom and power to stand against the enemy.

We realise that God is in charge, although there may be unpleasantness, there may be pain, and things may not go the way we want it to, but at the end of the day, God is at the end of it all. We know how everything ends; we end up being with the Lord forever.

Rooting our identity in Christ and knowing that we are children of the Most High, gives us so much strength, power and freedom in Him.

As the Holy Spirit lives in us, His joy becomes our joy; His love, our love; His peace, our peace and His strength, our strength.



Book Review

Dr Annetta Tsang

Dr Annetta Tsang is a member of the Luke's Journal editorial team. She works as a paediatric dentist and an academic editor. Annetta is also a sessional staff member at Bond University. Annetta is involved in children's ministry at her church and loves spending time with her family. Art, books, desserts and coffee are some of her favourite things.



What Every Child Should Know About Prayer

Written by Nancy Guthrie, Illustrated by Jenny Brake

Published by 10Publishing in 2018

**Prayer...the words we pray.
Praying... a channel of instant
communication, a gift from God,
a weapon against the devil.**

As Christians we assume everyone knows about prayers and praying. Actually, the "what", "why", "where", "when", and "how" of praying needs to be explained and demystified. Praying is not an innate reflex. Praying is a deliberate voluntary act.

We need to teach children about prayers and how to pray. More importantly, we need to make sure our children know why we pray, who we are praying to, and when to pray:

"Don't worry about anything; instead, pray about everything. Tell God what you need, and thank him for all he has done." Philippians 4: 6

As adults, we often forget what a privilege it is that we can pray to our God, directly, anytime, anywhere, about anything. It is good to be reminded.

In *What Every Child Should Know About Prayer*, Nancy Guthrie unpacks the concept of praying comprehensively in

142 pages. The topics are introduced in a well thought out sequence and central Biblical ideas are unpacked in an easy to understand, engaging, and applicable way. The beautiful illustrations throughout the book work well as prompts for discussions and conversations with children.

Each page teaches something different about prayer and praying, followed by a supporting Bible verse and a prayer suggestion.

The book covers topics such as "God wants us to talk to Him", "Prayer is more than asking God for things", "Jesus loves to pray", "Jesus teaches us to pray", "The Holy Spirit helps us pray", "The Psalms give us words to pray", "Examples from the Bible of God's people praying", and "Let's pray to God and pray for others".

I first read this book in 2018 when I was looking for ideas on how best to explain prayers and praying in Sunday School because one of the children asked during a lesson, "Why do we pray to God and not just talk to God?" At that time, I thought, "What good reminders." and subconsciously filed the book into the "good resource list" in my head.



This year, we used this book at our Kids Church to teach children aged 3-12yrs about prayers and praying over 8 weeks. Each child was given a copy to take home. They were encouraged to read it with their parents so that the learning could be reinforced at home. Some families even used the book for their family devotions. As the children gained a better understanding of prayers and praying, they also prayed with greater confidence.

This book reaffirmed the importance of praying and prayers. Even though I am not a child, I have enjoyed reading it. This book encouraged me and brought me closer to God in prayer. Maybe it will encourage you or someone you know too?





Navigating Through The Loss Of Unrealised Potential:

Managing Early Pregnancy Loss

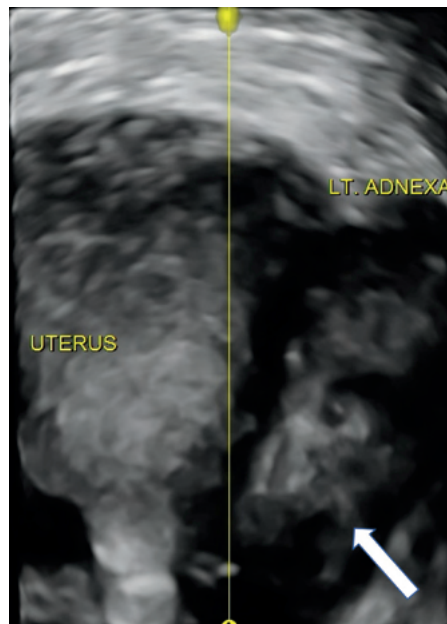
Miscarriage and early pregnancy loss is often an emotionally taxing and devastating season in a woman's life.

Early pregnancy loss is described as loss of a pregnancy under 20 weeks of gestation, and can include miscarriage, ectopic pregnancy and molar pregnancies.¹ It affects 10-20% of clinical pregnancies, and is often a distressing situation for couples, where the initial excitement and joy can turn quickly into shock, disbelief and sadness.

There are well-defined ultrasound criteria to diagnose miscarriage, namely an embryo measuring 7mm or greater without the presence of a heart beat, a gestational sac diameter of 25mm or greater without an embryo, or lack of progress on successive ultrasound scans.^{2,3}

Recurrent miscarriage is defined as three consecutive pregnancy losses, and can have a range of causes including structural uterine anomalies (e.g. fibroids, septum, adhesions), anti-phospholipid syndrome, diabetes, thyroid disease, genetic or chromosomal factors.

It is important to also recognise that though not classified as miscarriage, molar and ectopic pregnancies also are an experience of early pregnancy



Left ectopic pregnancy

loss for a woman, and where there is a visible embryo or fetal heart activity, this can be a very distressing situation where the woman faces moral dilemma with her treatment options.

Treatment options for early pregnancy loss

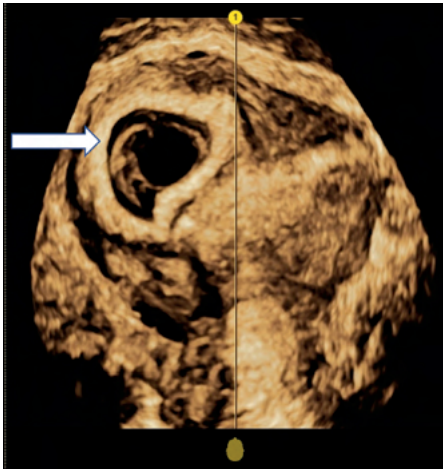
Tailoring management is often a balance between what is clinically

safe and what a woman feels is acceptable - empowering the patient with the knowledge to make an informed choice helps to engage her in an active decision-making process.

Miscarriages are commonly managed through primary care settings or within an early pregnancy hospital service. It can be managed expectantly if at an early gestation, the woman has access to transport to the hospital, and lives locally. Though this is the least invasive option, it often takes the longest period of time and can be associated with a need for repeat ultrasound scans and further treatment. Some women wish for as little intervention as possible, and prefer to wait it out. For others, they cannot bear the thought of waiting without a known endpoint.

Medical management suits women who are willing to hasten the miscarriage process, and usually offers a quicker outcome than expectant management. The combination of mifepristone and misoprostol, available to licensed prescribers, causes uterine contractions and can be associated with intense cramping and heavy bleeding.

Surgical management involves a general anaesthetic and uterine curettage, and may be the only safe available option



Right myometrial pregnancy

for someone who has a more advanced pregnancy, lives further away, and with all molar pregnancies due to the high risk of hemorrhage. Repeated curettage can increase the risk of Asherman's syndrome (uterine adhesions) and future infertility.

Ectopic pregnancies can be managed medically with methotrexate, or surgically, depending on the location of the pregnancy, bHCG and clinical presentation. It can lead to a life threatening situation if unmanaged, with rupture of the pregnancy and hemorrhage.

Whichever the treatment route, Anti-D is recommended for all women who are Rhesus negative, along with the offer for supportive and counselling services.

What role do I have?

Primum non nocere – First do no harm

At whichever point of care, be it in primary, secondary or tertiary, it is important firstly to establish the correct diagnosis. Sometimes this is a straightforward process, either through an ultrasound meeting set criteria, or consecutively declining hormone (bHCG) levels. Where there is any doubt and the diagnosis is not definitive, a repeat ultrasound or bHCG does no harm, and a second opinion can be helpful. Just as there is a wide variation in life of what is considered "normal", so too is there in early pregnancy – "late bloomers" do exist!

Once certain of the diagnosis, offer an empathetic approach, because to the woman it is the loss of a dream, the loss of a life and the loss of unrealised potential. Every woman grieves differently – some readily accept that this is a fact of life and unfortunate circumstances

happen to all. Others, especially those who have been long awaiting this pregnancy, through IVF or other assisted reproductive efforts, struggle deeply to accept the situation before them, and experience emotions ranging from disbelief, guilt, anger, and sadness.

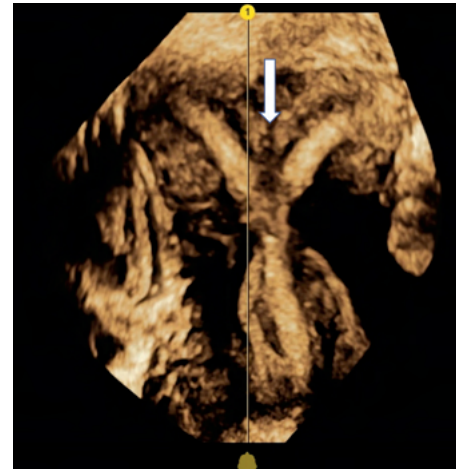
Medical training helps us to understand and treat many things, but there is much we still cannot explain. Women commonly ask, "Why did this happen?", "Will this happen again?" and sometimes the honest answer is that we do not know. Not having every answer is a humbling part of our profession, but it helps us look beyond ourselves and acknowledge the fact that we are but His hands and feet in this world, and we are not called to know all the answers, but to diligently walk in obedience where God has placed us.

"Medical training helps us to understand and treat many things, but there is much we still cannot explain."

Sometimes the fear of not having all the answers causes us to withdraw and quieten our communication, but in doing so we amplify the echoing silence that the woman already feels. As believers, we can stand on God's truth for our patients, offer to pray with them, and (regardless of their faith) offer hope and support through their journey of grief and loss. We can trust in God's goodness and perfect will in their lives, and that His plan is to "maketh the barren woman to keep house, and to be a joyful mother of children." (Ps 113:9 KJV).

The next pregnancy

Many women are keen to try for another pregnancy as soon as they are able. Others need time to grieve and adjust before trying again. This is often an opportune time to optimise medical comorbidities, encourage the cessation of smoking, alcohol and recreational drugs, and ensure they are up to date with their health screening. Women who have had recurrent miscarriage would benefit from a karyotype, thrombophilia & antiphospholipid screen, and a 3D pelvic ultrasound.



Subseptate uterus

Though women with early pregnancy loss have a skewed perspective on what is normal, I do often remind them that "common things are common" and that despite their experience, it is still more likely that their next pregnancy will be one that implants and progresses normally. It is recommended that an early serum bHCG is performed as soon as the patient has a positive home pregnancy test, and a formal ultrasound arranged for reassurance.

What is more important than being able to solve their medical problems is our willingness and ability to walk that journey with our patients and support them through it. What a privilege! Helping them to process that grief, overcome fear of the known and unknown, and find the courage to move forward with hope is a calling both in the medical profession and as a believer. It is as much a journey for us, as it is for them.

"For God has not given us a spirit of fear, but of power and of love and of a sound mind." (2 Tim 1:7)



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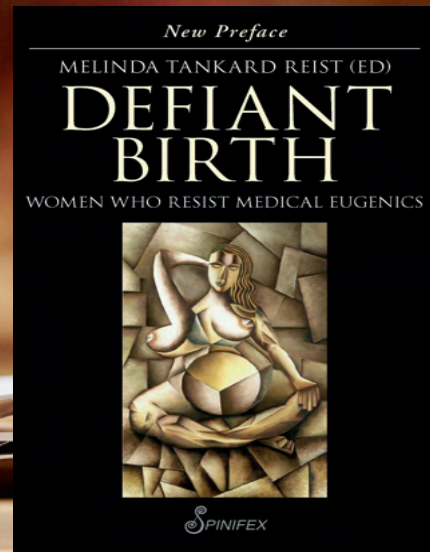
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Book Review

Defiant Birth: Women Who Resist Medical Eugenics

Edited by Melinda Tankard Reist



I was recently reminded that working within the medical field can act as its own “echo chamber” complete with biases, oversimplification, and hubris. And so I think it wise as Christian healthcare workers to be challenged in our presumptions from voices outside of the healthcare professional role, to face our own personal biases and meet them with the truth and grace of the Christian faith.

“Defiant Birth: Women Who Resist Medical Eugenics” edited by Melinda Tankard Reist gives voice to the women and children in our society who chose not to conform to medical “expert” advice to terminate their pregnancies due to abnormal prenatal genetic diagnostic tests or due to their own physical disabilities. The thrust behind such coercive pressure was part of a movement of the dark side of medical eugenics.

Eugenics is a term that was coined in 1883 by English statistician Francis Galton, cousin of Charles Darwin, after studying the heritable qualities of human intelligence and ability “to encompass the idea of modification of natural selection through selective breeding for the improvement of humankind”¹, and has carried the negative association with its current definition as “the practice or advocacy of controlled selective breeding of human populations (as by sterilization)

to improve the population’s genetic composition”². Reist opens this book with a dense introduction packed with references that details the routinisation of prenatal genetic screening in medical practice. She also highlights the attitudes of the medical profession towards screening and abortion against the backdrop of rapidly advancing reproductive technologies and genetic engineering developments, including in-vitro fertilisation, sperm donation, embryo freezing and sex-selection of embryos. She then goes on to question

“Reist gives voice to the women and children in our society who chose not to conform to medical “expert” advice to terminate their pregnancies...”

whether women who are counselled about prenatal genetic screening truly have freedom of choice when the test is “routine medical practice” and subsequent consultation after a “high risk” result from their obstetrician/ gynaecologist is assumed to be a

decision to terminate the pregnancy?

This is followed by the heart of the book, nineteen first-person narratives from women who courageously share their most vulnerable moments facing presumed infertility or miscarriage, in the context of difficult physical, psychological, and social barriers. From a woman born with cerebral palsy to the wife of a former Deputy Prime Minister of Australia, from a Welsh woman who lives with physical disabilities caused by thalidomide to a Canadian family physician: the voices speaking about the discrimination they faced from family, strangers, and medical professionals come from a breadth of social statuses. I would have liked to have a wider breadth of ethnicities represented. Nonetheless, each story reminds the reader that there are human lives at stake at the end of these preconception and early conception tests, and even genetically normal children when abnormal screening test results are proved wrong.

Reist ends the book reiterating that the contemporary “management of disability” is based on a medical model which only addresses the needs of disabled people and other marginalised groups in limited ways and calls for an “attitudinal and ideological shift... so that able-ism can be seen as on par with, for example, racism and sexism.” She advocates for societies

that provide appropriate and adequate care for women who give birth to children with disabilities, which will enable individuals in these societies to become more empathetic, compassionate, and humane. In essence, inclusion of those with disabilities in society reflects the interdependence we have as humankind.

As a GP, it has been ingrained into my training that it is part of my duty of care to fully inform all pregnant women of these prenatal tests that are readily available to women as part of "routine antenatal care". After reading this book, I wonder at the implications of the terminology "high risk" to describe the results of these screening tests to pregnant women, and also what implications are made during consultations with maternal-fetal medicine or genetic counselling service. I would like to believe that there are more open-minded,

less paternalistic specialists in these fields when counselling women and their partners about these results.

I do believe there are positive changes in Australia working towards the society that Reist calls for. The recent SBS program "What do Australians really think about..." tackled the topic of disability, highlighting the fact that 1 in 5 Australians live with some type of disability. One of the key findings in a national survey conducted in January to February 2021 of 2000 Australians, 1600 of whom did not have a disability and 400 who did, 40% of respondents with a disability reported to have experienced harassment because of their disability. However, only 52% of respondents agreed that people with disabilities aren't as effective at work³. The National Disability Insurance Scheme (NDIS) is another example of a changing national

landscape for those living with a disability, certainly with its own shortcomings but a valuable resource nonetheless.

This book should be included in the library of those who have a heart to listen to the voices rarely heard in the corridors of our workplaces or mainstream media. We who assume roles of medical advisors would do well to continue to listen to voices of women such as these.



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Contact Georgie at ncfa.salineprocess@protonmail.com or mob: 0406 229 583



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Dr Jean Jacobs is a South African medical doctor, who currently lives in Sydney. Jean is involved in freelance writing for the medical and not-for-profit sectors and has recently completed postgraduate studies in health management and public health, at the University of New South Wales.



Photo Jean Jacobs - Health Promotion at a local school

Children Under The Same Sun

With the rising of the African sun, a newborn baby cries for the first time. At the same time, on a warm Australian afternoon, an exhausted new mother gazes at her sleeping baby.

Malawi is a tiny, landlocked nation in the heart of Africa. Its flag displays a rising sun, symbolic of "the dawn of hope and freedom for the continent of Africa".

But the stark reality is that a baby born in this nation is 13 times more likely to die before reaching his 5th birthday, than a baby born in Australia.²

Child mortality in Malawi used to be a whole lot worse. In 1965, 370 out of every 1,000 Malawian babies would not survive until their 5th birthday.² Thankfully, by 2019, that number had fallen below 50.²

In the last 50 years, child mortality rates in developing countries have dropped significantly. Child immunisation is one factor that has led to improved child survival. Around the world, vaccines save the lives of more than five children every minute.³

Malawi has made significant progress in terms of its child immunisation. According to the Malawi Expanded Programme on Immunisation (EPI), 75% of children between the ages of one and two years had received all eight basic vaccinations in 2019.⁴

Other countries in Sub-Saharan Africa are still far from reaching these vaccination rates. In the Central African Republic, only 42% of infants receive their 3rd dose of DTP vaccine. The Central African Republic's child mortality is more than double that of Malawi.⁵



The COVID pandemic is threatening child vaccination programs in many African countries. Vaccine access has declined during the pandemic, and misinformation abounds. The fear of contracting COVID-19 has kept families away from vaccination centres. Some parents are concerned about COVID-19 vaccines and believe that these are being given to children in the place of routine immunisations.

Dr Lawrence Nazimera, national coordinator for Gavi (the Vaccine Alliance) in Malawi, and his team work tirelessly to provide vaccines to

children in Malawi. Now they are faced with the enormous task of providing COVID vaccinations for adults too.

Lawrence describes: "The COVID pandemic has burdened the whole health system. It has also caused strain on the Expanded Programme on Immunisation in terms of human and financial resources."

Despite the challenges of his role, Lawrence is grateful for the opportunity to serve the people of Malawi. He feels honoured to be contributing to a program that is saving children's lives. Lawrence explains, "I feel this is what I need to be doing... to be of service to the people that God created."

As one of the poorest nations on earth, Malawi's health system remains underfunded, and relies heavily on donor funding. Gavi (the Vaccine Alliance) currently funds over 80% of Malawi's child vaccinations.⁶ Vaccines are administered by government health facilities, as well as private and faith-based organisations.

Tamandani Nazimera is Lawrence's wife, and a professional nurse. Having worked in Malawi's Ministry of Health, Tamandani has a clear understanding of the gaps in Malawi's health system.

As a passionate Christian, Tamandani cares deeply for the health of her



Lawrence, Tamandani and their daughters

people, and volunteers as Health Program Officer at African Enterprise. With the help of African Enterprise, Tamandani hopes to establish primary health clinics in underserved areas of rural Malawi. (As part of their mission to share the love of Jesus in word and deed, African Enterprise has already established similar primary health care centres in Kenya and Uganda.)

As she serves at African Enterprise, Tamandani currently focuses on Community Health Promotion. In future, she would like to establish mobile outreach clinics that offer primary healthcare, including routine child vaccinations. With 83% of Malawi's population living in rural areas amidst very high levels of poverty⁷, more clinics

are needed to service these areas.

Before the onset of the COVID pandemic, a baby born in Sub-Saharan Africa could expect to live for around 62 years. A child born in Australia has a life expectancy of 83⁸. *Australian and African children are born under the same sun. But they have a vastly different experience of health and opportunity.*

The writer of Ecclesiastes describes the injustice and seeming futility of our human existence under the sun. But as Christians, our hope reaches beyond our solar system. Could we dare to embrace a faith that impacts life on earth? Like Lawrence and Tamandani, could we refuse to accept the injustice that plagues our planet? If so, we will be working towards a

world where preventable disease no longer claims the lives of children, regardless of their place of birth.

"Thy Kingdom come. Thy will be done on earth, as it is in heaven." (Matthew 6:10 KJV)

For all children under the sun.



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Luke's Journal

Published by the **Christian Medical and Dental Fellowship of Australia Inc.** ABN 95 084 292 464

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Tender Welcome:

Sensing Ourselves As Beloved Children

When you think of the words ‘child of God’ what images come to mind? What sensations do you feel? What words or memories or relationships are you prompted to reflect on?

My understanding of these words has been shifting. Shifting away from an understanding of myself as a dutiful and diligent daughter who earns her place in God’s family through obedient decision making, learning scripture, and serving others. Instead, I am learning to sense myself as loved, as belonging to a wide welcoming family, as created with love, and beloved by one who sees me, knows my human limitations, and seeks to reach out and hold me.

I recently was struck by one of Eugene Peterson’s sermons in his book *As Kingfishers Catch Fire*.¹ He took a verse I usually see as a command to discipline children and turned it around to help me see the deeply relational embodied way that our God attends to us. Eugene made note that the Hebrew verb לָבַד, often translated “to train up” in Proverbs 22: 6 means “to rub the gums of a newborn child with oil before it begins to suck it’s mother’s breast”.¹ Others add that this verb relates to rubbing a

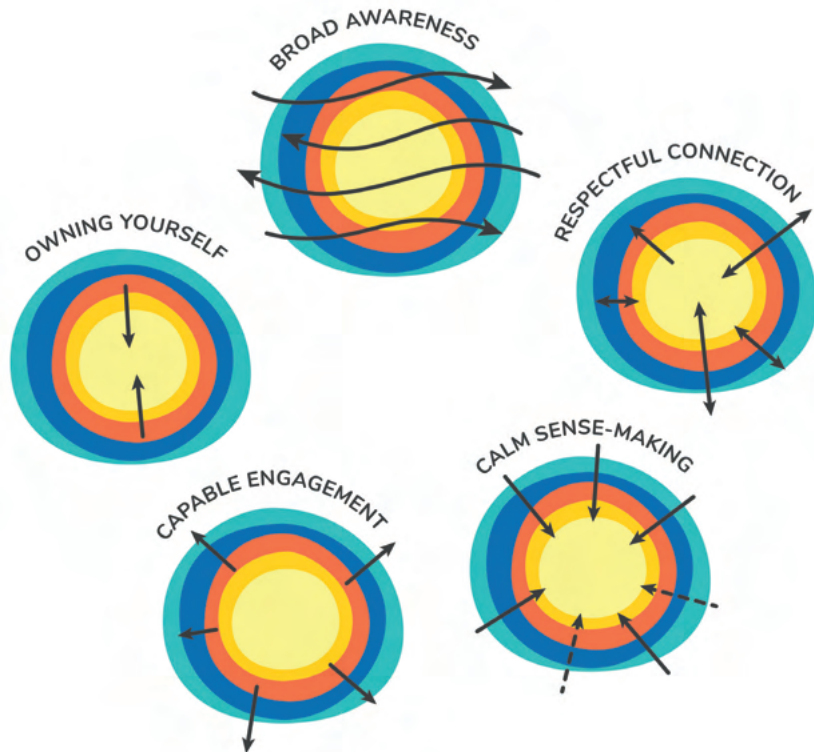
child’s palate with chewed dates or oil by midwives.² To me the words ‘train up’ have meant very cognitive instructions and behaviours such as memorising scripture, learning wisdom, knowing my place, being agreeable, and complying with what is expected of me. They have implied processes of being observed, critiqued, and corrected by my elders or by revelations through the scriptures.

Eugene’s re-translation of those words seems to be more aligned with helping a child to sense that God tastes good, to prepare a child for being satisfied by nourishing food. It seems to have a tenderness that whole aim is to connect the child to a safe relationship.



The role of the midwives seems to bring a sense of communal warmth and wisdom. This experience is not one of control or critique, it is a warm sensory welcome. Eugene calls this process of rubbing the gums of the infant an ‘act of personal intimacy’. He speaks of the trust it implies and describes how the midwives initiate the child into ‘a life of receptivity and love’. He says it is warmth, celebration and ‘tender welcome’.^{1, p.188}

Understanding ourselves as children of God is only helpful if we have a rich relational understanding of what it means to be a child and a sense of God as a safe parent. Of course, none of us have experienced family relationships as they will be experienced in heaven, so all of us can benefit from having our palates rubbed with tenderness that invites us to taste that God is good. For those who have experienced early life adversity with distracted, disconnected, confusing, or invasive parents it is difficult to open our mouths to these tastes. For those of us who experience ourselves as shameful or disobedient children, it is hard to believe there is any safe midwife or parent who would want to feed us and welcome us to snuggle up close.



Being welcomed, nourished, and held in safe intimacy is exactly what people need to grow. In fact, decades of attachment research confirms that safe connection facilitates changes in the brain that enable self-soothing, language development and expression, internal organisation, and learning.³⁻⁶ Safe connection also widens perspective, enabling reflective function, or what some call mentalizing^{7,8} – the capacity to attend to both one’s own and others’ inner worlds and heart’s intentions. Tenderness and ‘felt security’ underpin our capacity to see, hear, and hold the people in our world.

Of course, all that I write here is influenced by my recent doctoral research and the book it became.^{9,10} That generalist research into whole person approaches to distress has taught me so much about who we are as people. I interviewed patients, Australian Indigenous academics, mental health clinicians, and GPs, asking ‘what does the phrase ‘sense of safety’ mean to you?’, ‘what causes threat’, and ‘how do you sense that you are safe?’. I discovered the importance of sensation. Over and over people described sensing safety as an integrative whole person experience that included awareness of self, other, and context. These processes, which I came to name, “Sense of Safety Dynamics” are *broad awareness, calm sense-making, respectful connection, capable*

engagement, and owning yourself. These dynamics are relevant across the whole person in seven Whole Person Domains that include environment, social climate, relationships, body, inner experiences, sense of self, and spirit or meaning. Sensing and sense-making seem to connect us to ourselves and our world. Sensing seemed to be more important than language or reason in understanding how people experienced their world.

“Sensing seemed to be more important than language or reason in understanding how people experienced their world.”

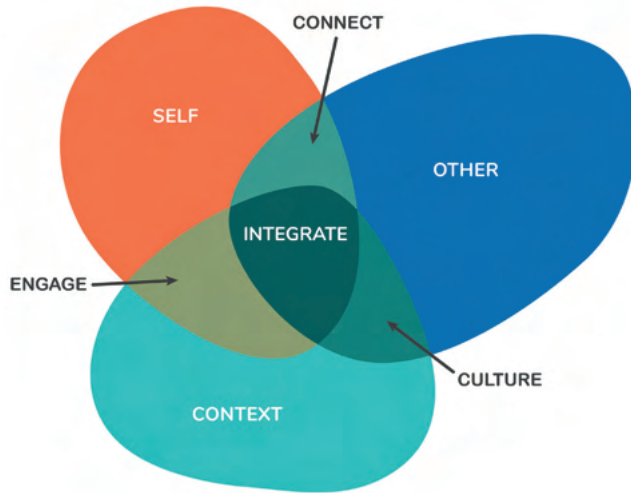
A wide literature search across the disciplines revealed that safety is relevant to the health of the whole human organism.⁹ From the immune system responses to danger and the endocrine, metabolic, and neurological responses to stress, to the quality of relationships, inner dialogue, and wider to cultural and political experiences that impact access to food, water, and justice.^{9,10} This work drew attention to

humans as multi-layered – incarnational embodied people embedded in environments and communities of interconnected relationships. It drew attention to the sense of self, spirit and meaning alongside our senses as integrative and intrinsic ways to make sense of the world we live in.

While trying to find an appropriate research methodology to research the whole person,¹¹ I discovered the limitations of evidence that elevates reason above experience. The biomedical research that I admired for its capacity to explain and predict and reveal reality had an Achilles heel – it was reductionist, objectifying, and deterministic. It highly values the rational and disembodied¹² observer who explores the body as an object.¹³ Reductionism intentionally leaves out variables such as the voice or sensations of the person. Reductionism cannot attend to that which is incarnate. It cannot notice the person’s interconnected relationships and stories that could reveal movement, growth, or healing. Reductionism cannot attend to the interconnected whole being. As hand therapist Kielhofner reminds: “while they treat the body as something that is alive, they persist in ignoring the body as something that is lived”.^{14, p.57}

This fundamental disrespect towards bodily experiences and senses is often mirrored in theologies that highly value reason, see the ‘flesh’ as sinful, and are therefore wary of sensations and desires. These biases that do not attend to the whole may have narrowed how we see ourselves as children of God. We are so much more than objects to be observed or reasoned with. We are woven together with love. We know that love through our senses and our connections to others and our world.

So – how do we redeem our understanding of ourselves as children of God? Do we need to return to a Hebrew understanding of tender relationships towards children? Do we need to learn to see God not just as disembodied reason but as incarnate or embodied love that we can sense? We need a widening of our gaze – a more generalist gaze – that integrates sensations alongside sense-making.⁹ I wonder, can we see God’s love in the wise connectedness of Hebrew midwives who entrust us to His embrace because they know that is where we will flourish?



we can relax and let our incarnate bodies sense the belonging that is at the heart of the experience of being a child of God.



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I recently heard a couple of new songs that speak of the tender place of being loved that is being a child of God. One spoke of prayer as ‘talking to Jesus’ and said ‘Just talk to your Father like you are his kid’.¹⁵ The other sings:

*I could run a thousand miles
to win the race of life
But what's the value without You?
I could write a thousand psalms
to captivate Your heart
But more than offerings
Lord, You seek the depths of me
When You see me, You see my heart
Through the eyes of Your mercy
In the light of Your Son
You love me with open arms
And the pride of a Father¹⁶*

For those of us who had difficult fathers, perhaps this is difficult to read - it may make us observe ourselves from outside, it may narrow our view of ourselves (and them), it may cause us pain or shame. For some believers who have experienced overwhelming disconnection or exhaustion in their childhoods or in current exhaustion or distress, we have numbed senses that cannot sense connection with God. This is not because we are not loved, it is not because we have been left out of His warmth, it is not because we do not deserve connection. It may simply be that our bodies and hearts have not felt safe.

We may need to be reminded of the Hebrew midwives who offer a warm invitation to tenderness, to connection, to tasting that God is good – a template for a way of being loved. Perhaps then

Art by Abigail Lai 9yo





Art by children of TBC Kids@10, ages 3-12yo

General medical practice touches on all aspects of life and enables the GP practitioner to consult at often pivotal times in a person's life. My work in general practice has been influenced and informed by God, the church, friends and my family.

In this reflection, I am going to focus on children and families.

Often, I find my observations of children outside of the clinical setting help build a better understanding for medical consultations.

Let's use autism as an example. Autism spectrum disorder (ASD) is a complex developmental condition that involves persistent challenges in social interaction, speech and nonverbal communication, and restricted/repetitive behaviours (DSM V). It may be evident from around 2-3 years of age. As a GP, we seek to recognise the condition early. This, in turn, enables early intervention to be implemented as soon as possible.

When I was a new mum, I was delighted to suddenly have a child to observe twenty hours a day, seven days a week. I was able to observe his every development. This influenced what I observed in my patients. Indeed, the way I related to children and their families was so different when I became a mum! I came to understand the anxiety of wondering whether your own child has a medical condition.

The mums in my playgroup also played

a part in shaping the way I practice. One particular mum taught me a lot. She was exasperated by her child's challenging behaviours. I listened and gained insights as she shared her frustrations.

Later, when my first child entered school, I started to appreciate the amazing work that teachers do.

At church, I served in children's ministry for 15 years before I learned that we required different approaches to show the love of God to children and their



Art by Alycia Lee 5yo - Share Jesus love

families. Yep, new skills are required to serve effectively in children's ministry too!

Recently, I have prayed for my friend's young adult son to have a workplace that is appreciative of him and his strengths. I have also celebrated with another friend who found working with people with ASD really fulfilling.

So how do these observations and

interactions relate to general practice and how I practise medicine as a GP?

One obvious impact is in the way I set up my practice. The observations and interactions have resulted in care and consideration in the built environment of my clinic. I aimed to create a calming environment for the children. Greater awareness of how medical conditions impact children and their families meant I changed my whole approach to focus on early diagnosis and early interventions. My goal is to help children achieve fulfilling productive lives now and into the future. So, when God blessed me with a visiting paediatrician who can help do that, I was very thankful. Praise the Lord!

As you can see, our life experiences can enhance and enrich what we learn from our textbooks. The best and most important book, the Bible, puts it as loving one another. So *"Dear friends, since God so loved us, we also ought to love one another. No one has ever seen God; but if we love one another, God lives in us and His love is made complete in us"* (1 John 4:11-12).

I am a GP, wife, mother, friend, sister in Christ and child of God who interacts with an array of people, including children and their families every day. You also, in your different roles, have many opportunities to interact with a variety of individuals.

So let us go out there and find people to love and share life with, just as the Bible instructs!





Kiddo, One Day You'll Be Changing My Nappies

(Baby Jesus Can Poo His Pants, Why Can't I?)



What is it about poo?

I was working as a surgical assistant for an orthopaedic surgeon at a joint replacement operation. When the operation was over and as the patient was waking up, the patient was covered in poo. She must have soiled herself when she was under general anaesthetic.

At that stage, the surgeon jokingly yelled out, "We have a Code Brown!"

The whole room—doctors, nurses—screamed, "Eeew!"

It was a moment for a few laughs and giggles. Then, we all looked at each other. The laughing stopped. Who was going to clean up the poo? None of us wanted to be the one cleaning up.

Now, this is when the pecking order in the operating room becomes obvious. The surgeon, at the top of the pecking order, will never be the one to clean up the poo. This job is too degrading. This lowly job goes to the person at the bottom of the pecking order. The least important person in the room—ME!—cleans up the poo.

But really, what is it about poo?

We are trained healthcare professionals. We've seen things no one else gets to see: blood, brains, bile. We've done things that no one else gets to do: burr

holes, intubations, chest tubes. We've handled things that no one else gets to touch: cadavers, kidneys, livers. We are desensitized to generally everything. Everything, except poo. There is still a "yuck factor" when it comes to poo.

That's why we use clumsy, comical and sanitized words to describe poo: opening your bowels, bowel motion, defaecation. We just can't bring ourselves to say the word, "poo".

"We've handled things that no one else gets to touch: cadavers, kidneys, livers. We are desensitized to generally everything. Everything, except poo."

It's not just doctors and nurses. Everyone finds poo disgusting. For example, when we travelled Japan, we discovered that the toilets there played music. The music was to cover up the sound of you doing a poo. It's not just the sight and smell of poo that's disturbing. It's also the sound!

By now, we all agree, poo is disgusting, disturbing and degrading, right?

Here's the thing. When Jesus Christ came to us as a human, he didn't just come to us as a human. He came to us as a baby. A baby covered in poo.

Jesus could have come to us as a fully-grown adult. Walking. Talking. Continent.

But, the Son of God, at the top of the pecking order, came to us as a baby. Not Walking. Not Talking. Not continent ... covered in poo. In this way, Jesus affirms our human condition. All humans have dignity, no matter what stage or state of life we find ourselves in. Each and every human person, from the greatest to the least, is a person of infinite dignity. This has huge repercussions for all of life.

Human dignity is the basis of what we do and think. It's why we treat humans differently from a donkey, dolphin, or dog. It's why we say humans are the good guys and the coronavirus is the bad guy. It's why we say George Floyd did not deserve to die the way he did. It's why we march for justice and cry out, "Black Lives Matter" and "#MeToo." It's why we champion the cause of the weak, the marginalised and the oppressed. It's why we give aid to refugees, orphans and the homeless.

So, where do we get this human dignity from? If it wasn't for Jesus, it's hard to pin down a basis for it.

If we say a human is dignified because of what we can do, such as write, talk, communicate and think, then this is an achievement view of personhood.¹² We become human doers rather than human beings. Suddenly our dignity becomes precarious. It's only as good as what we can do. And what happens when we can't do these things? Like when we're babies, or we have disabilities, or a brain injury, or coming to the end of our life? Why should I champion the cause of the jobless or the wheelchair-bound? Why do I seek to protect the vulnerable, those in nursing homes, hospitals, or detention centres? We need something more than our achievements as our basis for human dignity.

Or, if we say a human is dignified because of who we are; for example, a mother, daughter, Australian, then this is an acquirement view of personhood.¹² Our status is conferred upon us by our identity, our tribe and our relationships. Our dignity here is also precarious. It's only as good as my tribe or relationships. But what happens when we don't have these things? Like when we're single, divorced, shunned, cancelled, or shamed? If dignity is about acquirement, why should I champion the cause of the refugee, orphan, or homeless person? We need something more than our identity as the basis for human dignity.

Finally, if we say a human is dignified because of human rights; for example, every human has inherent rights to education, health and justice, then this is a conferred view of personhood¹². We are appealing to conventions such as the United Nations Charter. But here our dignity is just as precarious. It's only as good as those who agree to the convention. After all, what is a human right? What does it look like? Can you show me a molecule of human rights? In the end, it's an arbitrary social construct. Some say, it's a Western construct. Worse, there are others who say that it's another form of Western cultural imperialism forced upon the rest of the world.

So where do we go from here? We go back to Jesus Christ. We go back to the Son of God, who came to us as a baby. Not a genius baby. No. Jesus came to us as a baby who cannot talk, could not talk, could not walk, and could



Photo: Tu Nguyen - Pixabay

“There is something supremely dignified about each and every human being. No matter what stage or state of life we find ourselves in.”

not hold in his poo. The incarnation of Jesus is the basis of human dignity. And the incarnation of Jesus as a baby covered in poo is the basis of the dignity of every human—regardless of what they can or cannot do.

Now, for a long time, my wife and I decided not to have any children. People asked me why? One of my answers, which was only half a joke, was, “I don't want to change their nappies.” People usually replied, “Oh, but it's different when it's your own child.”

My response was, “How can it be any different? Poo is poo. No matter whose poo it is.”

However, when we had our first child, I realised how wrong I was. Because it was different! Not only because the baby was my child. But because a baby is supposed to be covered in poo. There is nothing degrading, disturbing, or disgusting about it.

Back in the days when I changed the pooey nappies for my children, I used to joke with them, “Now just remember kiddo, one day you'll be doing this for me.”

Of course, I meant it as a joke. Except that it's probably going to be true.

Many of us will end life with Alzheimer's, crawling, babbling and incontinent. Having played rugby most of my life and suffered countless concussions, I know that this is how I will be living the final stages of my life. That's OK. There's nothing undignified about it. Jesus came to us as a baby. Jesus began his life on earth the same way that I'm going to finish my life on earth. If it's OK for the Son of God, it's going to be OK for me.

My grandmother ended her life with Alzheimer's, not being able to talk. My grandfather ended his life in a nursing home bed, not being able to walk. And I? I will probably end my life in nappies covered in poo. That's OK. There's nothing undignified about this.

It's quite the opposite. There is something supremely dignified about each and every human being. No matter what stage or state of life we find ourselves in. No matter what we can or cannot do.

Our dignity is ultimately based not on our achievements, acquirements, or arbitrary social conventions. Our dignity is grounded upon Jesus Christ, the Son of God, becoming one of us. Covered. In. Poo.

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Photo: Public Domain Pictures

Spiritual Care For Children With Special Needs As Children Of God

“For you made all the delicate, inner parts of my body and knit me together in my mother’s womb. Thank you for making me so wonderfully complex” (Psalm 139:13-14a. NLT).

The Bible teaches us that children are a gift from the Lord (Psalm 127:3). He forms every child (Psalm 139:13-16) and plans their future (Jeremiah 1:5). This includes children with disabilities.

Over time, many are now living much longer lives.¹ Parents of children with disabilities often worry, “Who will support and care for my child when I can’t?” After all, “The deepest need of a human being is to love and be loved, each person has a right to friendship, to communion and to a spiritual life.”²

This principle is exemplified in the L’Arche^{3,4}, Camphill^{5,6}, and Bruderhof⁷ communities which are prayerful Christian faith-based communities who trust in God. They house, nurture and educate individuals with developmental and intellectual disabilities. These individuals remind us that God loves us, no matter what our gifts (Ephesians 3:18-20).

Spiritual Care And Nursing

In healthcare, nurses have attempted to include spiritual care into their

practice model. One of the main obstacles that Registered Nurses (RNs) must overcome when addressing and implementing spiritual care is “the lack of comfort and language regarding discussing, evaluating and expressing matters of the spirit or soul.”⁸

In Australia, like the USA, Canada and Great Britain, tools to measure spirituality and religious belief are needed in languages other than English to assess “the diverse ethnic and cultural groups given the multicultural healthcare taking place worldwide.”^{8,9} The Australian nursing profession has developed some tools that support cultural competence and spiritual care. For example, respect for Aboriginal and Torres Strait Islander (ATSI) people requires acknowledgment

of connection to country, their traditions and cultural practices.¹⁰

As health practitioners, we are aware that health is a state of complete physical, mental, social and spiritual well-being and not merely the absence of disease or infirmity.¹¹ This statement aligns with the International Code of Ethics, which RNs adhere to in their practice. Moreover, there is also the Australian National Standards Assessment Tool (ANSAT).¹² An ANSAT assesses undergraduate nursing students’ understanding their implementation of “meeting individuals’ cultural and spiritual needs”. Nursing students require sensitive direction on how to conduct such an assessment. This statement comes from personal observation of dozens of nursing students, over more than four years of disability nursing experience (2015-2019). The Australian College of Nursing (ACN) Position Statement on Person-Centred Care¹³ further acknowledges cultural and spiritual beliefs as a component of holistic care. These suggest that spiritual beliefs should be addressed by healthcare practitioners^{8,9} with permission, sensitivity and respect. Understanding each person’s spirituality is no longer optional, even if it simply means building a relationship of trust. For children with special needs, the relational aspect is what stands out

“The deepest need of a human being is to love and be loved, each person has a right to friendship, to communion and to a spiritual life.”²”

as being special. That rapport builds on their feelings and their spirit, and a carer's intentional presence is vital.

From 2006–2016 RNs could apply their Competency Standards (CS) which stated that RNs provide “social, cultural, physical and spiritual care...”^{14,15} but these and other elements that addressed the non-verbal communication of those with an intellectual and/or developmental disability (IDD) have been removed from the current NMBA Standards for Practice. As a result, contemporary RNs are generally not trained to correctly assess and assist individuals with spiritual distress, nor are RNs prepared to assess and address the spiritual needs of children with IDD. The literature illustrates the importance and application of spiritual care to those who are non-verbal. Some have also demonstrated that RNs who address this in a person-centred way show a more purposeful direction in holistic care.¹⁶

Spiritual distress assessment tools validated for palliative care are transferable and can be applied to other health specialties. The tools are inclusive of all faiths, therefore can be used without fear of offence.¹⁷ RNs are refocusing on the importance of meeting the spiritual needs of all patients, including children with special needs, because evidence suggests that the spiritual aspect of care has a clear and positive bearing on health outcomes. Current tools must be reviewed regularly, with teaching strategies and new tools put in place to support this aspect of care. Discussions on the need to educate nurses who provide hope are also necessary.

Learn From The Past

Nurses who have provided direct, daily and continuous care and support to individuals with disabilities have valuable insights. Many have trained in centres, such as Stockton Hospital, near Newcastle, with a complex mix of patients; some with mental health issues, others with intellectual disability. From about the 1970's, the authorities separated health from disability. Stockton became a specialist site for people with IDD.

In those days, trainee nurses striving to attain a Certificate in Mental Retardation (as it was called at the time) started work on wards with 30–40 people housed in a dormitory. The morning shift nurse went down the rows saying, “Come on up, you have to go.” The beds were dirty. The patients were put in showers where they were hosed down. It would have

shocked and horrified anyone. Most of the patients had to be dressed, all were ambulant, many non-verbal, some worked. No spiritual care was provided.

The “cripples ward” cared for patients with cerebral palsy or hydrocephalus. Many staff chose to stay in those wards but care was rudimentary. Mats on the floor, lunch on the floor. In those days nurses did not have gloves or disposable nappies, but people did care.

Other patients had chronic Shigella and diarrhea which provided a vehicle for Hepatitis A infection. Their clothing was often soiled. These children were aged 5 to 12 years. It was inevitable that staff got sick.

Despite their physical conditions, people with disabilities needed others to love them and Christian nurses made a

“RNs are refocusing on the importance of meeting the spiritual needs of all patients... evidence suggests that the spiritual aspect of care has a clear and positive bearing on health outcomes.”

big effort to be friendly and loving for God. Some patients responded.

People with IDD also required education. The Richmond Report (1983) resulted in closing institutions and recognizing their rights. This process took 50 years. The Warnock Report in England had led the way in working towards this goal. The training model had been developed in the 1970's. The inaugural day for people with disabilities only came about in 1981.

The Marsden Centre in Sydney was based on a Scandinavian model, with a gym and a school. Most of the children did grow up. There were not many deaths. There was always the challenge of how to care for a baby born as a non-viable child. Some parents and health professionals felt they had to try everything, with the co-ethical concept of allowing a non-viable child to be

supported and kept comfortable to die a natural death. Sometimes, parents would reject a child with special needs because the child wasn't perfect, perhaps out of guilt, fear of the effort required to care for them, or fear of others' opinions.^{17,18}

Families with children with disabilities often did not have many resources or support. Having to deal with one or more children with disabilities meant they had to adjust and adapt. Dealing with difficult behaviours is another challenge. These families were helped by L'Arche and Bruderhof communities and their concept of “growth into a Christian faith”, as promoted by Rudolf Steiner. In the late 1970's, Jean Vanier came to Australia and set up a retreat in Morrisset. He spoke on L'Arche and people with disabilities living together.^{19–21}

Bruderhof is another community that supports people with disabilities. In this community, each person with disabilities is recognized as a valued, cherished gift from God. Each person is cared for inclusively throughout their life. Youngsters in the Bruderhof learn to work with and support children with disabilities with as much social participation as possible, which often touches them greatly, and provides growth and life experiences.²⁰

Jesus said, “If you love me, feed my lambs” (John 21:15). This is a big call, and very significant. Just because He knows us does not mean he designed people with disability. There are flaws of nature. Jesus spoke to the people about the man who was blind so that things would happen. People are evolving to work more with God. All things are working together for good. “But to all who received him and accepted him, he gave the right to become children of God,” (John 1:12).

Testimony

At present, children with special needs have more opportunities to mature and demonstrate that they, as John confirms in his first epistle, “Are already children of God,” (1 John 3:1–3).

The testimony of Anne Finaughty highlights the importance of supporting and caring for individuals with disabilities, while allowing each one to flourish uniquely: Community life allowed Anne's creativity to blossom.

Reproduced with permission from Another Life is Possible, Clare Stober, Plough Publishing House 2020, p.154 (Anne Finaughty 1961–)

Before joining the Danthonia Bruderhof in Australia in 2009, Anne, who has complex physical disabilities, spent up to 19 hours a day sleeping, and her waking hours in front of the television. Despite her welfare cheque, she was always short of money, and hated her work in a shop for people with disabilities. "It was like a prison. Horrible. Dead boring." Over time, she longed to put an end to it all, "I was literally waiting to die."

Today, Anne is often up at five in the morning, and runs a card and sign-making business that she calls "Joy is Love". She has produced hundreds of colourful greeting cards, door signs and wheelchair tags. Some she sells, but most she gives away. Her goal? "To share the happiness I've found by cheering up and encouraging others."

Through allowing her creative side to blossom, Anne has found the freedom to be herself, and affirmation in sharing her gifts with others: "Painting has helped me by relaxing me and getting me out of myself. I still have my ups and downs, but the miracle is that through my artwork, I can always find joy. It might be hidden somewhere down inside me but it always comes out, eventually."

Asked if she's still waiting to die, she scoffs: "I gave that up, thank you very much. I do not want to die!"

To see Anne's artwork, go to: www.anotherlifeispossible.com/themes/looking-for-freedom/anne-finaughty

Conclusion

We, in healthcare, especially nurses, have the responsibility to ensure spiritual care is integrated into our practice; not just for some patients, but for all, including people with special needs.

These children of God are deserving of our unconditional positive regard and support. Current models of care for children and young adults with disabilities, who often have complex health needs, are based on personhood and the value of the person.^{3-6,22} Jesus also taught his followers to accept and create relationships with those who society marginalises (Luke 14:12-14).

"And now dear children, remain in fellowship with Christ so that when he returns, you will be full of courage and not shrink back from him in shame. Since we know that Christ is righteous, we also know that all who do what is right are God's children (John 2:28-29).

Acknowledgement

The author kindly acknowledges Lindy Howard's contribution to this article. Lindy is a retired Registered Nurse who gained her first certificate as a Mental Retardation Nurse, in 1974. Lindy also has tertiary training in Theology. She spent time in England and Europe visiting Christian communities that care for children with special needs, such as L'Arche and Bruderhof. She spent more than ten years working with children and young adults with disability. Lindy lives with her husband in Murrurundi and they are both active in pastoral care.

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Sibling Rivalry

Often our greatest relationships are full of both joy and sorrow. For me, it's the relationship I share with my sisters. These bonds of birth often lead to strife. If I dig deep enough, I would probably find that it likely originates from sibling rivalry.

Some of the Bible's most recognised stories stem from the same jealousy, which led to the first murder. Sibling rivalry is evident in moral teachings and Broadway musicals, - from Cain and Abel, to the prodigal son, and Joseph and his brothers. So why can't siblings just get along?

As with many sins, pride often leads the charge. We can't help comparing ourselves to others and vying for the approval of authority. When there's a personal relationship involved, as with God and our parents, there is more at stake. Disappointing them comes with the fear of losing love, security, and provision. So, if we sense our siblings are greater in our parents' eyes, our first reaction can be to turn against them. To hate them, harm them, and sin against them - are we not equals who had no choice in the matter of family?

"It is Pride which has been the chief cause of misery in every nation and every family since the world began."
- C. S. Lewis

Cain and Abel

For Cain and Abel, their rivalry stemmed from Cain's feeling of unworthiness in God's eyes. They were given a great inheritance as the children of Adam and Eve. In gratitude and atonement, they were to offer a sacrifice to God,

"So, if we sense our siblings are greater in our parents' eyes, our first reaction can be to turn against them."

an expectation in return for all the good they had received. They did so: Abel the shepherd offering fat portions of his firstborns, and Cain the farmer, fruits of his soil. Yet, God was not pleased with Cain. *"But on Cain*

and his offering he did not look with favour. So, Cain was very angry, and his face was downcast," (Genesis 4:5).

In the New Testament, we understand why. *"By faith Abel offered to God a more acceptable sacrifice than Cain, through which he was commended as righteous," (Hebrews 11:4).* It was not Cain's offering, but rather, his attitude which displeased God. (Remember, Jesus spoke of the widow who gave her only two coins as an example of generous offering.)

To feel unworthy in our parents' eyes, only to turn and see our sibling looked upon favourably is hard. Especially so if we did what we thought was required, or didn't, because we felt the task was too great. When this occurs, there are often two opposing responses. Cain could have looked at the favour given to his brother, realised his wrongdoings and repented. Or instead, kill him in anger, as he did.

When our parents have different expectations or responses, we often ignore the why. Instead, the focus shifts to the fairness of the task and what became of our siblings. Whilst our parents are flawed, we can hope they want to impart wisdom and set rules

out of love. Being parents, they also likely approach expectations with an awareness of what each child is capable.

We can learn from Cain's terrible reaction of jealousy. For me, there's a lesson to do what is asked of me well, for "labour in the Lord is not in vain," (1 Corinthians 15:58); to ask my sisters for help in times of struggle; and in times of discipline, to understand that "no discipline seems pleasant at the time, but painful. Later on, however, it produces a harvest of righteousness and peace," (Hebrews 12:11).

The Prodigal Son and his Elder Brother

The story of the prodigal son was transformative to the relationship with my sisters. I always wondered why my parents loved and treated us all fairly despite our differences in conduct. It took the umpteenth sermon on the well-known parable for me to honour and apply one of the interpretations.

To summarise, the prodigal son uses his father's wealth for a life which doesn't glorify God. Upon realising his actions, he repents and in turn, is welcomed home by his father with open arms. The elder son who didn't squander his father's wealth is angry. He followed the rules, yet no feast was laid out for him. This bitterness was likely jealousy too, for he never experienced the desirable sinful lifestyle of his brother. The older brother needed to repent too. For he had become a slave to the freedom and good standing he had before his father and was prideful in his behaviour.

Likewise, for my sisters and I, our parents would constantly welcome us back. In my pride, I felt I deserved praise for having followed the rules and my sisters deserved punishment for breaking them. How great though, was the forgiveness and love my parents had unconditionally demonstrated to me a thousand other times? No, I pushed it aside, for I couldn't help comparing the outcomes of the present.

To wish suffering on another goes against the second greatest commandment, "You shall love your neighbour as yourself," (Matt 22:39). And none of us is blameless - "For all have sinned and fall short," (Romans 3:23). The prodigal son and his brother, like my sisters and I, all need to seek forgiveness during our lives.

The parable reminds us to look at the plank in our own eyes and be thankful



Art by Adeline Lee 7yo

for grace. It is faith, not works, which leads to salvation. Like the father in the parable said, we should "celebrate and be glad," (Luke 15:32) when our siblings repent and rejoice in the good gifts our parents give us.

Joseph, his Brothers, and their Father

Finally, we come to the story of Joseph and his brothers. Whilst it ends well and demonstrates the epitome of biblical love and forgiveness, Joseph suffered along the way. His slavery was at the hands of his brothers as a result of the actions of their father. How Jacob treated his sons is a lesson for parents.

Whilst God is the perfect father, Jacob was not. For God "does not show favouritism," (Romans 2:11), but unfortunately Jacob did. "Now [Jacob] loved Joseph more than any of his other sons ... and he made an ornate robe for him," (Genesis 37:3). One would have thought he would have learned from his own strained relationship with his brother Esau about the consequences of parental favouritism.

Yet Jacob did not, and history seemingly repeated itself. "When his brothers saw that their father loved him more than any of them, they hated him." (Genesis 37:4). Joseph's brothers threw him into a well and sold him into slavery. I'll likely never do this to my sisters, but many times have I thrown them under the bus or sold out their secrets in the hopes my parents will love me more.

Ultimately, God's providence prevailed and always will. Joseph would become

second in command over Egypt, forgive his brothers, and provide for them during a famine. We can all take hope from this and the whole biblical narrative. As Joseph said to his brothers, "you intended to harm me, but God intended it for good to accomplish what is now being done, the saving of many lives," (Genesis 50:20). This sovereign plan is echoed later in the death and resurrection of Jesus.

The Family of God

Sibling rivalry is as old as time. I may never quash it with my sisters. As we grow however, I can only hope our love, support, and trust overwhelm any darkness that takes the rivalry beyond thought and into action. To remind myself that it comes oftentimes at the detriment of more than just my relationship with them. In efforts to please our parents by tearing my siblings down, I've found it hurts my parents too.

Extending beyond time, is hope. Whether our parents don't have our best interests at heart, or we never reconcile with our siblings, God is the ultimate father and the body of Christ the greatest family. We were adopted into sonship, predestined before the beginning of time to one day share in the great inheritance of Christ. How amazing is it to be called a child of God?

"Do nothing from rivalry or conceit, but in humility count others more significant than yourselves," (Philippians 2:3)





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Four Ways To Help Your Teens

I've worked as a Clinical Psychologist for over 20 years now. Like all of us in the health and helping industry, it requires lots of energy, but it can also be very rewarding. Some moments in my work have been really challenging, especially with teenagers, but often with those same teenagers are some of the most sacred moments I've experienced with people. I try to do with teens what I try to do with all people who come to see me. I try to help them resolve what is in their hearts.

The heart is a beautiful ancient word that to this day, thousands of years after it was written in Genesis, is still very much in currency. The Heart is the "seat" of our psychological functioning. It is that place deep within us from which come "the issues of life", as it says in Proverbs 4:23. It contains what comes from our connections (such as worth, trust, honour, belonging), our identity or direction, our choices and our hopes. What happens in those domains of the heart naturally flows out. When those areas are disturbed, no one needs tell us to withdraw, we already have. No one needs to tell us to feel physically scared, we already are. We are centrifugal beings – the energy has an irresistible flow from deep within us into our thoughts, behaviours, moods and physical functioning.

Proverbs 4:23 would have to be one of the most widely known, but most rarely applied verses in the Bible. The NIV version starts the verse with, *"Above all else guard your heart..."* and in those few words it spells out explicitly that this is a real priority. The KJV is slightly different. It starts with *"Keep thy heart with all due diligence..."*. This wording conveys something slightly different than it being a priority; it tells us directly that it is a task that we are to undertake conscientiously. Bringing the two versions together, this verse tells us that guarding and keeping what is in our hearts is important and we are to do a good job of it. It implores us all to, in effect, be curators of what is in our hearts. Like how an art curator cares for, organizes, houses and keeps the art safe in a gallery, we are to be like that for what is in our hearts. We are to care for and organise what is in our own heart. As

"Like how an art curator cares for, organises, houses and keeps the art safe in a gallery, we are to be like that for what is in our hearts."

if responding to the question, "Why?", the latter half of the proverb is similar in both the NIV and the KJV. "Why should I guard it or keep it?" because, the proverb says, *"everything you do flows from it,"* (NIV) or *"from it flows the issues of life,"* (KJV).

There is no more strategic time of human development to keep our hearts in mind than in our teenage years. The reason for this is because our teenage years are a time of heart-level transformation.

My wife Kylie and I have four teenagers at home. They are all different, but they are all lovely young people in the process of evolving into something quite different from what they were in their primary school years. We have gone from the sort of relationship where the priority was going on the swings in the park at the bottom of the cul-de-sac, to being driven to a friend's house on the weekend. Emotionally, they're going through the "stress and storm" phase, though I find that phrase a little trite. In reality, their hearts are changing. This is what is happening to all of us at this time in our development, which we refer to as adolescence.

The bottom line for the teenage years is that they want more of their friends and less of me. What they long for or look for has changed. It doesn't mean they want none of me, it is just that they

drift towards their friends more than what they used to. Their appetite has changed like that. Their connection has changed. Moreover, who they want to connect with has changed. In that single act, both separation from me and an affiliation with others has begun. This is the process that they must undertake for their identity to be properly formed. They are finding “their own people”. They are learning to separate themselves from me. They’re manifesting their own sense of direction. They’re recalibrating who they are. In practice, that is what it means to become a teenager in a nutshell: to search for your age-matched peers and separate from your parents.

As a parent, and as a Clinical Psychologist, what that means for me is to make some adjustments to the way I respond to my teens and to my clients who are teens. I offer the following suggestions:

1. Facilitate this process and don't stand in the way of it. Nurture it and if you're allowed, speak some loving wisdom into it. Like Baumrind's parenting style, try to **stay “authoritative”** (that is warm and responsive to what is going on), **but not authoritarian** (cold, and judgmental) and not permissive either. Encourage teens to go out and be with their friends, but also to think of what a good friend might be. Tell them, “You don't have to talk to me...but who do you trust? Who would be good for you to talk to? The Chaplain? Your Youth Worker?”
2. If you've done the first suggestion,



Photo: Bethany Laird – Unsplash

you've fostered their movement away from you. It is then helpful to foster movement towards good guides in their life. Help them to judge what is good and judge who they can trust. Love from age-matched peers is essential, but they're still impulsive and changeable because their frontal lobe is still under construction. They still need guidance – not dogmatic guidance, but rather informed and wise help that gives them space to **form their own judgments.**

3. Encourage them to ask themselves what sort of person they want to be. Ask them about what they think is

right, what they think is true, what they are passionate about and what is important to them. Metaphorically, ask them to sit in the front seat of their own car and put their hands on the steering wheel. In doing so, you are helping them **find their own direction** and identity.

4. Lastly, **encourage church involvement and open questioning about their faith.** One of the greatest resources for our hearts is our spiritual relationship. That is true for teenagers, as it is true for us. As their hearts are changing, they will benefit from a spiritual relationship with a Creator who fills their hearts to the brim. A loving God who helps them to know that they are loved, that they are valuable, that they need not be ashamed, that they belong, that they are forgiven, that they have a new identity, that they are free and that they have hope.

I'm not an expert with teens – my wife will tell you that. Some of the biggest highlights in my own parenting history have been about me apologising to them. Yet, if I can remain connected with them and understand what their hearts are trying to do, I'll be able to respond to them in a way that is constructive. We won't ever go back to swings in the park, but there is the promise and great hope of having a deep and interesting relationship with young adults if we can get this right.



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Photo: Ali Kazal - Unsplash

With Eyes Wide Open

Curiosity, Learning And The Becoming Of Childlike Faith



I was recently told the story of someone who tattooed a cat on their inner wrist. Why was it there? This inked-in image of a domestic pet on human skin was to be, for that person, a consistent reminder for curiosity.

You may be aware that we are all born with an instinct for curiosity but, as adulthood overtakes a child, curiosity diminishes.¹ Do we, as adults, sometimes mourn the innocence of childhood? If so, is this a yearning to become curious again? In my Christian adulthood, I have often thought about the words of Jesus, "If you do not turn your lives around and become like this little child, you will definitely not enter the kingdom of heaven."² Could it be that Jesus implies that faith needs to have the qualities of wonder, of curiosity, of openness to God's grace? And that life is a gift which children are willing to explore.

If we word associate 'curiosity,' I suspect many would respond, 'killed the cat.' So, if the cat gets killed, why the tattoo I described? In this paper, I will undertake an enquiry into curiosity. We may discover warnings that identify risk; however, the impact of curiosity is more often exciting, like encountering Jesus. William Ward's aphorism 'curiosity is the wick in the candle of learning' is another home truth to guide us. Indeed, curiosity is a 'hot topic' in science, education, and

living today. I'd like to suggest that it is time for us, Christians, join in the play. As we do, I will first identify a number of definitions so that we go forward with a shared understanding.

Curiosity is a fundamental drive within humans, indeed all species alike. It is essential to problem solving. Some people exhibit strongly positive curiosity traits. Webster's dictionary defines curiosity as "the urge to investigate, to seek after new knowledge, to gratify the mind with new information or objects of interest."³ Intellectual curiosity is otherwise described as epistemic curiosity and can be defined as the desire to know or learn something in the absence of extrinsic rewards.⁴ Social curiosity explores a desire to understand the experience of others. We could describe affective curiosity, spiritual curiosity, and so on. Research has linked curiosity with the development of knowledge, logic, and psychological

health.⁵ It seems curiosity could be the best orientation for learning and growing.

Dyche and Epstein⁶ note that in the "domain of learning, inquisitiveness is a disciplined curiosity and leads to the development of such habits as reflection, critical thinking, and a persistent search for new understanding." Associated with curiosity is mindful attentiveness⁷ and wonder. When we are present to others and our environment, the sparks of curiosity start to emerge even in mundane contexts. Indeed, Albert Einstein noted that, distinct from animals, humans have a shared natural sense of wonder which he argued science only strengthens. A willingness to enquire with open mindedness rounds out the associations.⁸

Emily Campbell, from the *Greater Good Science Centre* at the University of California, Berkley, has helpfully documented the broad benefit of curiosity for society as a whole. Her list reveals the following:

1. Curiosity helps us to survive (danger, etc).
2. Curious people are happier.
3. Curiosity boosts achievement.
4. Curiosity can expand our empathy for others.
5. Curiosity helps strengthens relationships.

"When we are present to others and our environment, the sparks of curiosity start to emerge."

6. Curiosity improves healthcare.

Getting out of our own headspace, helps us recognise these benefits.

So, where am I going with this?

A compelling invitation to become more curious is emerging. If defining curiosity makes it sound highbrow, how then can we all 'join in the play?' I want to suggest a short journey with philosophy, then look at the neurobiology of curiosity, then adult learning in the context of curiosity and, conversely, the implications for teaching. As we learn the play of curiosity and knowledge, I will re-engage with some biblical themes, especially Jesus' call to become 'as little children'.

A short philosophy of curiosity

What are the philosophical planks we stand on, which guide curiosity? Prior to the late 16th century, the average person accepted the world as a given. Thinking and learning were handled particularly through the lens of tradition and reinforced by dogmas of the church, both Catholic and Protestant in the West. The historical period described as the "enlightenment", opened up this world with a new paradigm of rationalisation. Hand in hand with this freedom to think, the tools of science and the power of Newtonian physics were developed to explain the world more robustly. The curiosity of reflecting around an apple falling from its tree allowed new knowledge to change the world. The Newtonian paradigm offered seemingly unlimited possibilities but, over time, limits and weaknesses have appeared. A paradigm shift came again with Einstein and his theory of relativity. Thomas Kuhn⁹ helpfully developed the concept of 'paradigm shift' to explain how curiosity can promote new frameworks for understanding the world. 'Kuhn loss' is the term chosen to describe the phenomena of loss of some helpful knowledge as paradigms become redundant. Another philosopher, Alastair McIntyre¹⁰ has helped us recognise that traditions are better understood as past paradigms, and curiosity may still find rich pickings as the logic of traditions when they are explored more thoroughly. There is always a danger in completely deconstructing the past. Currently, curiosity is expressed within a postmodern context, where even the juggernaut of the science project has been exposed for its limitations and assumptions. One of the leading philosophers of our time is the Frenchman, Jacques Derrida. Now,



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curiosity is entertained through the priority of questioning. We start with 'why?' and then move to 'how?' and 'what?' For Derrida, knowledge becomes vital in an open and playful (joyful) way. Through this way of being curious, we can experience 'the innocence of becoming.'¹¹

The neurobiology of curiosity

Einstein is reputed to have said, "I have no specific talent. I am only passionately curious." Stephen Hawking is even more assertive. As one of the prominent scientists of our era, he simply affirms, "be curious." Neurobiological research has sought to understand the neurobiology of curiosity² Perhaps unexpectedly to some, this research suggests that, rather than a stand-alone phenomenon, curiosity is a to and fro process linking established, implicit knowledge and states of curiosity. It is argued that metacognitive experiences accompanying an unsuccessful retrieval from episodic memory, initiate states of curiosity. This science suggests that curiosity may act as a bond to ensure that memory gaps identified through unsuccessful retrieval, adaptively guide future learning. At these 'to and fro' moments, we may say, 'it's on the tip of my tongue' or 'I feel that I know this.' These are examples of the 'hypothesis strategy' which, when explored successfully, leads to a dopamine surge in the brain. Knowledge is retained better now because of an emotional release, a joyous moment of discovering our hunch is correct. Scientists have shown at this moment, our pupils maximally dilate. I have chosen this as the inspiration for the title of this paper. Both the state of curiosity and the emotional pleasure linked to new knowledge, strongly promote the retention of knowledge.

The brain centres prominent in this process are the caudate nucleus and hippocampus. Hurston¹³ describes research as, formalised curiosity.

A story from the history of science is illustrative of this "pleasure". The ancient Greek thinker, Archimedes, is well known for his bathtub moment of insight. It was in this context he recognised the principle of water displacement by a solid body. In childlike joy, he is reported as becoming so excited he ran naked in the street yelling "heureka". Eureka moments are immortalised from this story. Another word generated from this event is "heuristic", or an idea that leads to further discovery.¹⁴

What the research demonstrates at a neurobiology and learning outcome level, is that novelty may not be the most powerful driver for learning. Rather, as Lowenstein¹⁵ has shown, curiosity is highest when the information gap is small enough to be judged as possible to be closed. As we move to discuss learning, it is worth noting that researchers have demonstrated that retaining oral information while reading a screen at the same time makes the retention of new knowledge almost impossible.¹⁶ Should we talk more and PowerPoint less, or vice versa?

Curiosity-orientated learning

I have previously alerted us to the 'curiosity wick in the candle of learning.' I want to outline three strands of this wick.

1. Teacher "virtues".
 2. The positive components of a curiosity learning experience.
 3. The inhibitors of curiosity in learning.
- There is a body of research to inform these concepts.

Teacher "virtues"

For a start, some of the issues are, 'administrative' such as:

1. Being a champion for a learning environment culture in your workplace, organisation, or church environment.
2. Defending or quarantining dedicated teaching time so that interruptions are minimised.
3. "Unconditional regard" by a teacher supports learning at any level or capacity.
4. If we learn best near our current knowledge boundary then getting to know the person we are teaching's current level of knowledge is very important.

5. Adaptability is also an important characteristic of a curiosity orientated teacher. This doesn't mean that there should be no planning, indeed pre-reading research can be a way of preparing for the next steps of learning in a strong and powerful way.
6. Always having a plan B is valuable as well. If there is an unavoidable disruption, finding a way to use that disruption as a learning context can redeem the time.
7. It is important for a curiosity orientated teacher to create a sense of safety in the learning environment so that there is a permission for openness, uncertainty, for collaboration, and the celebration of acquiring new knowledge.
8. A good teacher will build curiosity-based learning into their feedback processes.

Personal virtues

A curiosity orientated teacher will model the joy of learning and, in doing that, model an effective integration at both emotion and intellectual enquiry. The curious teacher will be willing to be completely present to the learning environment and let go of external thoughts at this time. A curiosity orientated teacher will cultivate what Jody Halpern calls, "empathetic curiosity".¹⁶ This includes being aware of the teacher's own emotions and feelings, recognising any frustrations, remaining in touch with the learner's emotional responses and nonverbal cues in their communication, and being willing to accept negative feedback about the teaching/learning experience at any one time. For teachers, accepting negative feedback as an insult is destructive to a learning relationship.

In this vein, a curiosity orientated teacher will model humility where knowledge is at play in the world of multifaceted and multiplatform knowledge. Intellectual humility and modesty are highly desirable characteristics.

The curiosity orientated teacher will also be appropriately and personally open and vulnerable, and will share around their own experiences of learning difficulty.

The positive components of a curiosity learning experience

A good teacher will seek to find the learner's voice¹⁷ and allow the learner to reflect and inquire without pressure



Art by Micah Burrows Byo. Children of God learn from the Bible

or insistence in the learning context. This could be described as 'learner-centred teaching'. In this learner-centred context, good 'why' type questions¹⁸ can be generated that help a learner explore further than their current state of knowledge. Indeed, encouraging a learner to 'guess with feedback'¹⁹ has been shown to promote learning very successfully. So information presented as a problem that needs to be solved is likely to be retained far more effectively than simply presenting a fact.

It seems that perception of prior knowledge, rather than an objective assessment of knowledge, helps to predict an adult learner's confidence about learning stimulated through curiosity. When curiosity leads to new learning, the pleasure mechanism that I have described already, is a powerful factor in the retention of that learning longer term. Celebrating this success is also an additional powerful reinforcer.

Dyche and Epstein²⁰ have noted that in the domain of learning, inquisitiveness is disciplined curiosity and can lead to such habits as reflection, critical thinking, and a persistent search for new understanding. This flourishes when:

- i. Learners are given responsibility for their own learning.
- ii. Learning promotes multiple perspectives to be engaged.²¹
- iii. Mindful reflection on both the subject and the learning process is taking place.

Consequently, inquiry is encouraged over information sharing in these learning experiences.

The inhibitors of curiosity in learning

Dianne Hamilton²² in 2019 identified

four prominent barriers to curiosity in learning:

1. Fear. There are different components of fear - the indecisiveness of inexperience, misunderstanding around learning styles and teaching styles, previous traumatic educational experiences and so forth.
2. Assumptions. Here, the author was thinking about what motivates the interest to learn or what are the false perceptions that teachers might generate in a teaching environment that contribute to a more negative approach to the learning/teaching interface. Some learners are very goal orientated, while a curiosity orientated teacher may want to remain more open and less closed down in a curricular sense.
3. The emergence of technology poses both benefits and challenges, however critical reasoning skills can be weakened if a default position is simply to Google or use other search engines, rather than thinking through information and making informed choices that lead to new knowledge acquisition. Some are more terrified of technology than the learning process itself.
4. The learning environment is important, such as if there is conflict in a workplace or learning environment, or if there are family pressures prior to the learning opportunity. This can be expanded to include the stressors on either the teacher or the student, such that there is a component of depression. When people are depressed, there is a very low chance of curiosity learning occurring.

Other negative conspirators include rushing over too much material, running late, anxiety/disgust about the learning

context in a way that doesn't allow the learner to be present, overconfidence, and passivity. All of us have cognitive biases, some of which are more prominent than others and can impact on a curiosity orientated learning context. For instance, if a cognitive bias was that boys don't cry and males keep a stiff upper lip, then a lack of the affective components of curiosity orientated learning will translate into reduced learning.

At its best, curiosity orientated learning could be described as something like "inductive foraging". Commenting about medical education, Dyche and Epstein²³ summarise like this:

"Medical educators should balance the teaching of facts, techniques and protocols with approaches that help students cultivate and sustain curiosity and wonder in the context-rich, often ambiguous world of clinical medicine."

Such a statement could be translated into many other contexts.

Biblical curiosity

As I began to reflect on a scriptural understanding of curiosity in learning, I went to the Cruden's Concordance²⁴ and was surprised to find no entry at all under the word 'curiosity'. That is not to say that curiosity doesn't feature in much of the narrative storylines of Scripture. Moses was certainly curious when he saw a burning bush and as he turned aside, he was surprised to encounter the living God. Before him, Jacob must have had some seriously curious thoughts about who he was wrestling, all night long on the side of the Jabbok River. In the end, he was left with a lame leg and the thought that he may have wrestled with God himself. Prior to this, Abraham had to walk the path of faith with many uncertain questions in his mind. On one hand, he had the promise of being the father of a great nation, on the other, God instructed him to take his son Isaac up onto a mountain and sacrifice him as an act of obedience. His mind must have been swirling with questions and curiosity about where all of this was going until a 'scape goat' was identified by God at the penultimate moment of this ordeal.

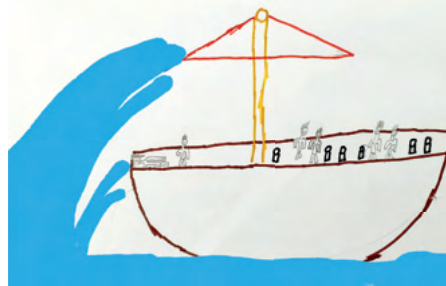
We could think of God's response to Job's complaint at the end of his reflection on suffering and hear how God invited Job to return to curiosity and wonder, even in the face of injustice. Samuel was certainly encouraged in his role of picking the next king of Israel to maintain

an openness and a curiosity about who God was going to choose until he came to the last of Jesse's sons.

The scriptures also share a sense that God is curious about our lives as human beings created in his image. Psalm 9:12 says "he keeps his eye on us and registers every whimper and moan"²⁵. God rides the bumps and celebrates the joys of the human experience with his people. Jesus put it like this, "you are worth more than many sparrows"²⁶.

A sense of wonder for creation is a component of curiosity. The two probes that are currently exploring Mars are called "Curiosity" and "Perseverance". These are words that acknowledge the interplay of inquisitiveness and the sheer wonder of exploring new contexts and environments, even deep into the cosmos.

Biblical theologian, Craig Keener²⁷ makes this very interesting observation about children sing-singing in a playful



Art by Aiden Lee 10yo

way across an open marketplace.²⁸ He writes, "Jesus scandalously paints the Kingdom in terms of children's play".²⁹ Most commentators try to make serious points about this mini parable. The near-Eastern world was a participatory community. Everyone dances at festivals but somehow when Jesus arrives, the festival of grace is ignored. Business as usual. Simply no curiosity to put down tasks and get on board.

The contrary scenario of a funeral song also fails to connect. This lack of childlike curiosity stands out even when cultural norms would suggest an engagement. When Jesus teaches his disciples to pray in Luke 11, he involves his pupils in childlike trust that is curious; "Father... bring in your Kingdom". Adult caution may hold back, but Jesus takes everyone's memory of childhood, a memory that a father doesn't mess with his children and stretches it. "Which father among you would give a snake to your child if

the child asked for a fish?"³⁰ There is no malevolent sting in the tail of childlike faith. Rather, can we begin to imagine where curiosity can take us when the "Father gives the Holy Spirit to those who ask Him?" As a gospel writer, Matthew wants us to hear these links.

The connection between childlike faith and weakness, vulnerability and the priority of trust is often highlighted as a contrast to a dogmatic, purity-based religion of "adult" scribes and pharisees. To consider childlike faith in terms of child's play is a volume accelerator for curiosity. The scattered texts of the synoptic gospels make amazing connections. Who is the greatest in the Kingdom of heaven?³¹ Whoever welcomes one such child welcomes me.³² The Kingdom of heaven belongs to people like these children.³³ Whoever doesn't welcome God's Kingdom like a child will never enter it.³⁴

The picture is rounded out when we hear Jesus reflect on his own childhood and says, "Happy rather are those who hear God's word and put it into practice".³⁵ And then, the wonderfully curious connection in Luke 20:36 that we are God's children since "we share in the resurrection of Jesus".

A stubbornly literal approach to Biblical texts keeps a lid on curiosity. The child's play of God's kingdom, of resurrection faith, grows toward maturity.

The Childscape

Jay Griffiths writes about the riddle of the childscape in her 2013 book, "Kith".³⁶ "Children see the world as soul-porous" she writes. "To a child, everything is lit with intent, following its story path, coursing with will. Ascribing a liveliness to the world brings the child's imagination alive; it refuses to allow either the world or the mind to be inert".³⁶ Griffiths' picture of childhood is bursting with curiosity. She holds a deep concern that in many ways, our childscape has been increasingly restrained, cordoned off. She sees this starting with the 'enclosure' movement which commenced from the fifteenth century and peaked in the eighteenth. Not only were the "commons" fenced off as private properties, but in Griffiths' analysis there is an association with childhood discipline. She concludes, "the nature of the land and the nature of the child were both to be controlled, fenced in. Enclosure, both literal and metaphoric, was enacted against land and childhood".³⁷ The poet John Clare captures a sense of what was lost in a

line like this, "I found the poems in the fields, I only wrote them down".³⁸

Griffiths goes hard. "Many of today's children may not even know how gravely they are interred indoors and may never fully understand their insidious enclosure".³⁹ In "Kith", Griffiths is proposing a thesis which goes toward explaining both the malaise and alienation of many in younger generations. She is throwing up a construct which constrains human freedom and stunts the curiosity which triggers possibilities. She calls for us to refocus on delight, play and imagination. "Let's pretend", "I've got an idea", "I remember", "I know" and "did you know?", swell with children's intoxication at thought itself: "children are galvanized by curiosity".⁴⁰

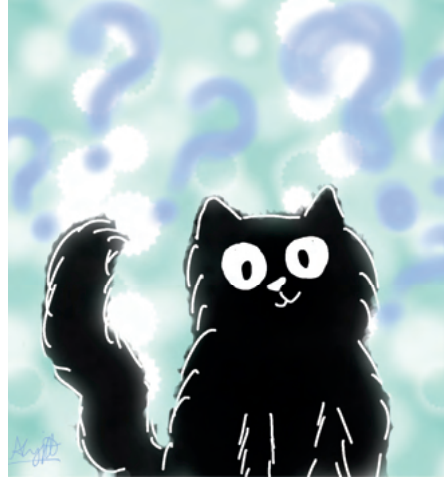
For children, Griffiths' study documents the wonder of curiosity as given in the imprint of the image of God within humanity. Sin erects barriers, darkens vision and dries out dreams. In the face of such tragedy, we wait to hear God's story. We plod on, hoping the 'strong man' will defeat sin and death in our lifetime, that curiosity and the play of the spirit will repopulate our being. Children do need the safety of boundaries when danger, vulnerability, complexity and evil are in their paths. Faith reminds us, "God works all things together for good, for the ones who love God".⁴¹

Summary

In this paper I have searched for eyes wide open moments as we have explored the wick of learning; curiosity. Definitions have been canvassed.

Philosophy, neurobiology and the science of teaching for curiosity orientated learning have been explored. A conversation about childlikeness and the play of the kingdom of God has been a unifying theme. Jay Griffiths' exploration of the childscape has been another reference point. So, is it time to make a daringly curious suggestion? My suggestion is this. Curiosity is a key component of the proverb, "the fear of the Lord is the beginning of wisdom".⁴²

Like the children in Jesus' parable of the public square, the writer of Proverbs situates wisdom in the public square. Above the nosiness, wisdom cries out, "How long will you clueless people love your naivete, mockers hold their mocking dear, and fools hate knowledge?"⁴⁴ Soon these words follow. "Call out for insight and cry aloud for understanding..."⁴⁵



Art by KYJT 14yo

then you will understand the fear of the Lord...⁴⁶ wisdom will enter your mind and knowledge will fill you with delight".⁴⁷ Proverbs are then created for the writer, from this 'eyes wide open' context, and become for human experience what we call wisdom. This delight simply multiplies as we remain curious.

That Jesus is presented as a new Moses, a new wise teacher should not escape us here. His call to return to the perspective of childhood is grounded in his wisdom and his own intimate relationship with the father. This is the one who calls the father "Abba", a playful intimacy that he teaches all disciples to share.

From a mountain top teaching session, Jesus spoke the words, "blessed are the poor in spirit". John Driver makes this reflective point, "a posture of spiritual poverty is fundamental to all Christian spirituality". He goes on, "spiritual poverty consists of freely assuming the spiritual condition of being a child in the family of the father".⁴⁸

I have attempted to make a case that both wisdom and the play of knowledge, a spirituality of being a child in the family of the father, are operating in the marketplaces of life. We have noted that when it comes to faith, as we orientate with the trustful longings of childhood, we are becoming the daughters and sons of God. The play of the kingdom of God is sustained by the many gifts of God, but especially the Spirit. And it is here that curiosity will lead us into the becoming of "all truth".⁴⁹

An inquiry into curiosity needs to be modest. If everything is covered, the incentive to follow the play of knowledge is drained. My final question is to return our focus to Jesus of Nazareth. His insistence, that to enter the Kingdom of God, we need to become as little children, remains. The invitation of Christian scriptures is to maintain a curiosity about the love of God expressed

through the life, death and resurrection of Christ. All the extraordinary claims about Jesus call out our curiosity. If, as the apostle Paul notes "all the treasure of wisdom and knowledge are hidden in Christ"⁵⁰, we have an incentive to follow curiosity to this "glory of God".⁵⁰ Curiosity that leads to what the gospel storytellers describes as "belief in Jesus", also leads to our becoming God's children.⁵²

PS. Don't forget the cat tattoo.

PPS. A question for you. Why did Jesus say, "blessed are the peacemakers for they will be called God's children"?



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Multiple Births: Fun And Games... Or Not Quite?

**“Have you been on any programs?
Because there’s three of them.”**

This is how the ultrasound technician broke the news that I was expecting triplets.

I had, in fact, naively taken one round of Clomid. The doctor had seen me twice and done a few tests that found nothing wrong, before prescribing. He assured me that the possibility of multiples was slim, and literature around the drug ambiguous.

There was no ambiguity on the photo I took home to show my husband.

At the next ultrasound, a technician I had never met, excitedly told me she had a copy of the photo on the inside door of her work locker.

My reproductive system had become a curiosity.

And with curiosity came questions. Lots of them. “Wow! How did you cope?” “Are they identical?” (“No, we have two boys and a girl.”) “Yes, but they look alike. Aren’t they identical?” (“No, they’re siblings.”) “What’s it like to be a triplet?” “Were you huge?” “Did you breastfeed?”

I actually don’t mind answering most of the questions. I understand that it’s

not an everyday thing. “I’ve never met anyone who had triplets before” is a fair enough comment. The one question I have always struggled with, though, is anything to do with why we had triplets. “Was it natural?” “Did you do IVF?” “Does it run in the family?” I have a bunch of different answers (all true, but with different levels of revelation). I’ve never wanted to make people feel bad about their curiosity by telling them it’s none of their business. But it really is quite a personal question. Sometimes I just inform people that my husband is an identical twin - true, but a cheeky out.

I think my uneasiness comes from feelings of foolishness. Why did I take a drug that had a notoriety for causing multiples? I feel like I should have known better, should have gotten a second opinion, done my research. Had I tried

to force God’s hand to give me children on my timeline, instead of his? Was this God teaching me a lesson? Of course, the answer is no. And yes. God uses everything for my good to make me more like Jesus. Everything in life is a lesson.

Then I realised that behind the curiosity was an attitude that triplets are a curse. (I have never thought that.) But comments like “You’ve birthed a litter” and “You poor thing” have an innate negativity. Even the doctor who was to potentially deliver them, and keen for a natural process, had likened their impending birth to “pulling rabbits out of a hat”. (They weren’t, and he didn’t, but it did make me feel like a freak show.) And the doctor who prescribed Clomid in the first place, euphemistically offered “selective reduction” as a solution to the “problem” he had helped create. I told him that I was a Christian and that this wasn’t an option we would consider. Every human life is precious from the moment of conception. His concern was evident when, during consult number 3, he described my pregnancy to a colleague over the phone as a “high risk geriatric pregnancy”. I had just turned 30 and felt instantly older.

As I became aware of the risks of having a triplet pregnancy – premature birth, cerebral palsy, death... a level of fear set in. We prayed as we checked the weeks off during the pregnancy in milestones.

“I’ve never wanted to make people feel bad about their curiosity by telling them it’s none of their business.”

More likely to survive. Less likely to have cerebral palsy. More developed lungs. Less time in NICU. God was very kind to us during those days. We were stressed, but calm. Every week was a blessing.

Our babies were born just shy of 32 weeks. During contractions, I was informed that they didn't have any ventilators available in NSW, so, most likely one baby would be sent to Melbourne, one to Brisbane and one to Canberra, if needed. God's kindness reigned again, when a ventilator was found where we were. Only one of the babies was ventilated – for about a week. One had CPAP for the same amount of time and one had healthy lungs and let everyone know it. I appreciated a visit from the presiding professor telling me that I had three healthy babies who would have no long-term consequences from their prematurity. They spent five weeks in NICU before being discharged. I was terrified of bringing them home. I thought I'd never sleep again.

If ever there was a good place to have triplets, we lived there. My husband was in his fourth year at theological college and we were blessed to live on campus. That community was amazing! We had dinner supplied for seven months. There were rosters for bath time, hanging the washing out, feeding babies once solids were started. We had breakfast at a cafe once a week while someone came and watched the babies. Our church pitched in and bought us a year's supply of nappies. We didn't even know all the people who showed such kindness to us. It's been a wonderful opportunity to sing the praises of God's people when I've been asked that "How did you cope?" question over the years.

My darling mum (the sole grandparent) was excited and horrified that I was having triplets. She came to stay for six months and poured her love out on us. She truly was "Super-Nan" and she insisted on keeping me company during the early morning feeds, and getting to know her grandchildren. Life was a happy blur of feed, change, sleep, repeat.

When the babies were 10 months old, we moved away from that amazing support network to a regional city. We made some lovely friends at our new church. But as I've reflected on the years that ensued, I've realised that I was pretty cranky most of the time. It was with sadness that I listened to one of the kids tell me recently that a psychologist had commented that it must have been hard

for them to find safety as a child, having parents under such a high degree of prolonged stress, due to raising triplets.

In fact, as the years have gone on, and I've learned more about attachment theory, I've had a growing awareness of the toll of being born premature and spending those early weeks in NICU, not to mention have the divided attention of sleep deprived and stressed parents. No-one has the perfect childhood,



"...it must have been hard for them to find safety as a child, having parents under such a high degree of prolonged stress, due to raising triplets."

Art by a 7.5yo who did not want to be named.

but my guilt kicks in when I think that these things could have been lessened or avoided entirely if I hadn't taken Clomid all those years ago. Even so, it's not what I would have chosen, but I wouldn't choose anything else.

The professor in my hospital room back in 1999 mustn't have known of the subtle issues that might arise in the future. In the years that followed, we learnt that oxygen deprivation at birth could cause executive function deficit and ADHD. The science of epigenetics revealed that the risk of anxiety and depression were more likely than the general population for premie babies. Our naturally highly sensitive kids were possibly more sensitive due to being

wrenched from the womb and placed in a loud and sterile environment, unable to experience human touch. Not to mention the trauma of being separated from the individuals that had been such an intimate part of their in-utero months – each other. We spent considerable time going to paediatricians and other doctors to minimize the effects of prematurity. I've always been thankful for a sympathetic GP and a generous public health system that has provided us with a wealth of interventions over the years. We've had programs coming out our ears and prayers answered in abundance.

Keeping three toddlers safe was a big job. They all knocked themselves out at least once. I used to carry hyperfix with me everywhere in case someone fell over and cut something open. When we went to the shopping centre as a family (why did we do that?) we'd stop off and buy three helium balloons and attach one to each child so we could see where they were if they ran ahead in the crowd. Being different personalities, one of them loved this, one didn't comment and one cried at the fact that it kept floating "up". Despite this, we still managed to lose one of them occasionally and God very kindly kept them safe until they were found again. Once, this involved following the trail of match box cars to the trolley where the rest of the booty had been optimistically deposited.

We've always marvelled at how unique and different our kids are from each other. I remember just having had an OT do an assessment and explaining to me that I had one child who sought out stimulation and another who sought to reduce it. I was watching them sit on the lounge together that afternoon. Stimulation child was "whooping" at the top of his lungs whilst "unstimulation" had his fingers in his ears trying to drown out the noise. It was a great opportunity to teach them how to be kind and understanding towards each other in their difference.

When I was pregnant I knew a young woman who had been born one of quads. It was a great lesson for me to hear from her that she had always felt like a quarter of a person and felt she had been viewed as a group, rather than an individual. I was determined to make sure my children were seen as persons, rather than thirds. We never referred to them as "The triplets", but always by their names. They always had their own birthday cake, bringing us to the brink of

diabetes every January. We began the tradition of “special days” where each child got a day off school with a parent to do one on one activities. One of these days fell on the same day our fourth child was born (no we weren’t scared of having triplets again) and needed some tweaking to fit it in. I loved those days. They were always different and tailored to each child’s interests. One of them taught me how to dance to High 5, one wanted to make animals out of pom-poms. One wanted to swim at the beach in July. Sometimes we used to go to the PlayStation demo at Big W and play Super Mario until they asked us to leave. We were into cheap fun in those days.

Despite these and other efforts, I think that they were occasionally viewed as a group during their school years. Sometimes there was presumption about what each of them was like, if another was already known. Once nicknamed “the three ones”, people didn’t feel they could invite one, and not three, for play dates or to birthday parties. And three was a bit too much to handle. I appreciated the honesty of friends who would openly discuss this with me and

ask for input. On the flip side, we had all-in birthday parties (I couldn’t manage three in a row when they were little) that were a blast. Massive water fight afternoons and a carnival theme are a couple of highlights that come to mind.

The teenage years were hard, as issues from prematurity came to the fore. Mental health became a concern on a number of occasions and our stress levels were higher than ever. Still, God provided and brought us all through some difficult years. We celebrated each child’s 18th birthday separately, inviting adults that had been significant to them over the years to share the joys of knowing them, and pray for their future.

As an aside, our youngest child is about to turn 18 and we will celebrate in the same way with him. As I’ve been writing this, he told me that he’s lived in a constant state of FOMO being 5 years younger than all his siblings and trying to keep up with them. Sigh.

Now 22 and choosing their own paths, I’m so proud of these guys. God has uniquely blessed each of them with a

creative and persevering spirit. All three of them have had their struggles (and to different degrees, still do). But they are each maturing into compassionate and resilient adults, making their way in the world. We have an artist, a writer and a film maker, who may end up being poor in the eyes of the world, but, we pray, will be rich in the eyes of God.

In all of these experiences, through the ups and downs that family life has brought, one Scripture, in particular, comes to mind:

Psalm 127: 3-5a

3 Children are a heritage from the LORD, offspring a reward from him.

4 Like arrows in the hands of a warrior are children born in one’s youth.

5 Blessed is the man whose quiver is full of them.

I may have been a geriatric when my children were born, but God has blessed me as they keep my heart young and my life full.



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Parenting In A Self-Centred World

We live in an age that is increasingly suspicious of authority.

We're autonomous individuals. We want to decide for ourselves what we're going to do with our lives. And our parents, our teachers, our peers, our employers – we'll listen to their advice if we decide they're worthy of our respect, but we're not going to let them tell us what to do or how to do it.

The older I get the more I feel like I'm becoming that grumpy uncle who keeps saying, "Kids these days! Where's the respect?" But it's true, isn't it? "Kids these days" are shaped by "parents these days" and "schools these days" who are all about letting children discover the world for themselves, letting children be who they want to be, and not constraining them by that dirty word, "Authority".

Now I know it's important to tread carefully when it comes to giving advice on parenting. Parenting styles are like politics – it's easy to talk to someone you agree with, but as soon as you start saying someone else has it wrong, it makes people feel threatened and quickly leads to conflict and relational tension. But often our fear of offending means we don't talk about it at all. It's just easier to keep our thoughts to ourselves. However, specific parenting styles aside, there are some basic biblical principles that I have found really helpful as a parent, and now as a pastor of parents.

As heirs of Adam, our default attitude from birth is that we are the centre of the universe. Think about why a baby cries. It wants something. And it wants it now. So it will make the loudest most unpleasant noise it can until it gets what it wants.

But this self-centredness doesn't end as a baby grows and begins to establish a concept of the wider world around them. Think about our society. Think about how marketing targets our desires. So

"As heirs of Adam, our default attitude from birth is that we are the centre of the universe."

much of the narrative we are being fed is, "It's all about you." Your happiness. Your fulfilment. You, reaching your fullest potential. You, being true to yourself. What is the most common way parents articulate their hopes for their children? "I don't mind so much what you do darling, as long as it makes you happy."

Now, like me, you might be thinking at this point – well, that's not how I see the world. I'm not so selfish and narcissistic to think that I'm the centre of the universe. But it's such a pervasive narrative, it's a message

that is being shouted so loudly, and our sinful hearts are so stubborn, that we often find ourselves getting sucked into this way of thinking. And we forget that this is the default disposition of our hearts.

This self-centred mindset has filtered even into the church. Worshipping God has become for many churches and Christians a means to an end rather than an end in itself. I want a spiritual experience that will lift me up from the mess of my life. I want God to bless me so I can live a successful and fulfilling life, in a happy marriage with beautiful obedient children. Christianity is the add-on, the upgrade that I install on the operating system of my life to make it better than it would be otherwise.

But this is not the God we worship. God is not interested in being our genie or our personal fairy-godfather in the sky. He didn't send His son to die on a criminal's cross just so we could have more fulfilling and happy lives than the atheists next door. Jesus came to fix the biggest problem in the universe. He came to put right what we had put wrong. He came to restore the relationship that our self-centredness destroyed. And part of restoring that relationship means removing our misplaced and misguided "self" from the centre and replacing it with the true centre of all things: the Creator who is the only Being worthy of all glory, honour and praise,

the Lamb who was slain. And it's only by the Holy Spirit supernaturally changing our hearts that we can give God His rightful place at the centre of our lives.

The wonderful by-product of a God-centred life is that we will be happier, more fulfilled, more contented, more able to weather the storms of life, and better parents than we would have been left to our own devices. But if we pursue these blessings as ends in themselves, we will lose our connection from the source that provides them. It's only by taking the focus off our pursuit of self-fulfilling satisfaction, and focusing instead on God and His glory that we can find true and lasting satisfaction – living as we were created to live.

So when it comes to Christian parenting, like all aspects of life, we should begin and end not with our desires and priorities as parents, or with our children and what they want – we should begin and end with a pursuit of God and His glory.

This will first mean teaching our kids the beauty of obedience to our heavenly Father's loving authority. We don't obey God just because of the threat of judgement for disobedience. Or because it'll put us in His good books. We obey God because He made us, He knows us, and He knows what's best for us. It's truly the best way to live.

And likewise, as parents we don't want our kids to obey us because it makes our lives easier. We don't want our kids to obey us so that others will be impressed by our family dynamics – “What great kids you have”. We don't even want our kids to obey us just so we can set them up with some good life principles to help them succeed in society. First and foremost, we want our kids to obey us so that they will learn what it's like to live under the loving authority of God.

But whatever the reason for obedience, it's important that our kids do obey us. Too many modern parenting styles are absent of any (or at least severely lacking in) discipline or authority. Parenting for many is a negotiation between equal parties, attempting to allow children to fully express themselves, to explore and learn through self-autonomous trial and error, only intervening when they are in danger or putting others in danger. I want to acknowledge that for many parents, the way they relate to their kids is a reaction from overly domineering or even abusive and controlling parenting that they may have faced as children. But the

alternative to an abusive, authoritarian approach to parenting is not to remove authority but to reform it. As Tim Chester says, we shouldn't tell our kids off for being kids.¹ But a God-centred parent will exercise loving and consistent discipline. They will be an authority shaped by and submitting to God's authority over us.

Which means parenting begins with the heart of the parents. If your heart is set on your own selfish agenda, you will just want your kids to get with your program, you won't discipline your kids for their good, in love and patience. Instead, your discipline will be a means to your own ends. On the other hand, if your child is the centre of your world, you will only reinforce their already self-centred nature. You'll also deprive them of a true understanding of God's good authority. And it won't just affect your kids. Like any idol, putting your children at the centre of your universe will just leave you disappointed and deprived of a healthy relationship with your Maker.



Art of Mum and Dad by Hannah Yen, 3yo.

The solution is not to try and find a balance between parent-centred and child-centred parenting, but a whole new paradigm: God-centred parenting. What is God's will for my kids? How does God want me to respond to this disobedience? How can I teach my kids to value and love God and all the good gifts and commands He's given us? And how does God's authority shape me as a parent?

In my work as a pastor, I'm constantly confronted by my own inadequacies to lead God's people. The qualifications for church leadership that we see in the pastoral epistles (1&2 Timothy and Titus) are almost all about having a character shaped by love for and obedience to God. I can have all the theology and apologetics and counselling skills, but really if my heart isn't constantly being

fed by and shaped by God's word, if I'm not treasuring God above all things then my ministry will suffer. It's the same for parents. Who we are as parents is more important than what we do. Our kids are shaped far more by what we model for our kids than what we teach them with words. Your kids will learn far more from the things you value, the things you prioritise, the way you behave and respond to difficult situations, the way you treat your spouse than from what you say to them or the rules you make.

So it's worth asking ourselves, what is it that fills up our lives and our children's lives? And what is that teaching them about what our family prioritises? The more I reflect on this (and finding time for reflection is one of the things I don't prioritise enough!) the more I want to make changes so my kids will see parents who make time for each other, make time for hospitality, and make time for dwelling in God's word and prayer. But just inserting those things into our calendar isn't enough. We need hearts that treasure God, His Word and our relationship with Him. If you get this right, everything flows from that God-centred heart.

But the question remains: how do we discipline in a God-centred way? I find myself often regretting that I'm too critical or too negative with my kids. I hate to think that there's this “Us vs Them” dynamic between my kids and their parents; one side constantly pushing boundaries, the other side constantly putting their foot down and enforcing the boundaries. Some of our family's most harmonious times, especially as the kids get older, have been when we negotiate rather than enforce. Hearing what our kids are feeling and wanting, giving them the opportunity to make decisions for themselves. But like any leadership, you still need to be responsible for the decisions that are made. Boundaries are still important. Again, authority is not the enemy. Remember our default position? Just letting the kids do what they want will end up with a child-centred family and a kid who thinks they are the centre of the universe.

The solution is not trying to find a balance between legalism and licence. The solution is grace-centred parenting. In our rejection of His rightful place at the centre of our universe, God hasn't treated us as we deserved. He could have just wiped us out. Justice would have been served. But in His love, mercy and grace, He took the punishment we deserve on

Himself. This is amazing grace. This is the God we worship. He is not only worthy of our whole-hearted worship, He is overflowing with infinite grace to accept us despite our half-hearted worship. And so being God-centred parents will mean we're also grace-centred parents.

Grace-centred parents are quick to admit their own faults and apologise. Grace-centred families are where apology and forgiveness are the recurring themes as we work through conflicts together. Parents who are shaped by grace can be honest about their shortcomings because they have been accepted by God despite them.

They take their own guilt and failings to the cross of Christ and find peace and forgiveness, mercy and grace. They take their inadequacies and weaknesses to God in prayer, asking for Christ's strength to work powerfully in their weakness. And in all of this they are modelling a life shaped by grace to their kids.

There are any number of parenting books and parenting philosophies out there. I'm not pretending that this short article will solve all your problems and give you a comprehensive paradigm for healthy Christian discipline. But rather than a continual search to find the perfect parenting solution, I believe

what we need most is a continual reminder of these two simple but epic, life-changing, family-shaping truths:

1. God is the centre of the universe.
2. He relates to us by grace.

We can't go far wrong if we are continually striving, in His strength, to be God-centred and grace-centred parents.



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Art by Adeline Lee 7yo

How Do We Nurture Our Children For A Lifelong Relationship With God?



A few months ago, a friend and I remarked on the countless hours, days, months and indeed, years that are spent training for our profession. All the training preparation was done in the hope that we would be competent and well-equipped for our role as doctor, dentist, or veterinarian, etc. If only the same could be said for preparing us for our role as parents.

Ironically, we are often poorly equipped and inadequately trained for the enormous task of parenting, a task of immeasurable value and eternal significance.

So, if you are reading this article, thank you. I am so thankful that you want to equip yourself in this work. I pray that what I write will encourage you to keep growing in your role as a parent, and that by God's grace, He keeps transforming you and your kids in this sanctifying journey.

1. Our children are a gift, not a right

We are God's stewards. Our children are God's, not ours. None of us "deserves" to be parents. We have been given this privilege and blessing by God. It is not an accident. In a world that sees children as optional extras and sometimes hindrances to what we really

want to achieve in life, do we see our children as God's precious gifts? How are we nurturing and growing them for God and his purposes, and not for our own desires, goals and dreams?

"Children are a heritage from the Lord, offspring a reward from him. Like arrows in the hands of a warrior are children born in one's youth. Blessed is the man whose quiver is full of them" (Psalm 127:3-5a).

2. Guard your own heart. Then, you can teach your children to guard theirs

"Hear, O Israel: The Lord our God, the Lord is one. Love the Lord your God with all your heart and with all your soul and with all your strength.

*... Impress them on your children...
... be careful that you do not forget the Lord, who brought you out of Egypt,*

out of the land of slavery. Fear the Lord your God, serve him only and take your oaths in his name. Do not follow other gods, the gods of the peoples around you" (Deuteronomy 6:4-5, 7, 12-14).

Teach the children to love the Lord, otherwise they will forget who their God is. Have we forgotten who our God is?

What does your calendar look like? Is it filled with children's sports, school commitments, music exams, birthday parties, or language classes? Or perhaps it's packed by your shift work, conferences, submission deadlines, or personal hobbies? These things can so easily fill our schedules, bury our family life, and cloud our hearts. *"When you are full, do not forget God,"* Moses warns the Israelites and rightly, warns us too.

How are we going at balancing life? Do we put God as our priority in our personal and family life? Do personal and family devotions, meeting with God's people, and hearing God's word feature as "non-negotiables" in our week? Or do we choose to let the many distractions fill our lives? Is busyness robbing us of beholding the true and living God and worshipping Him only?

Teaching our children to love God starts with us. It starts with our choices

"Is busyness robbing us of beholding the true and living God and worshipping Him only?"

and decisions to put God first in our life. Our children are watching us. Do our children see that we love God? Or has our love for God been clouded by the idols and distractions of our life?

3. Be present for your kids

“These commandments that I give you today are to be on your hearts. Impress them on your children. Talk about them when you sit at home and when you walk along the road, when you lie down and when you get up. Tie them as symbols on your hands and bind them on your foreheads. Write them on the doorframes of your houses and on your gates” (Deuteronomy 6:6-9).

When I started having children, I looked up what was the minimum hours of medical work I needed to maintain registration. Is this how we sometimes feel about parenting? Our line of work often calls us to make costly sacrifices for the sake of our patients, on-calls, night shifts, exams and further studies. Ironically, does this leave us with the mentality of “minimum hours” in our work as parents?

We need to remember our calling as parents. If we have been gifted with children, then they are our primary responsibility. Do we seek to maximise our time with them so we can learn more about them, communicate with them better, and develop rich, meaningful relationships with them? Our kids deserve more than minimum hours. Parenting is not something we should outsource. Our patients will always have another doctor, our team another member, our workplace another employee, but our kids will only have one mother and one father.

Don't miss out on precious times with your kids. Teaching them to love God must not happen between 5pm-7pm only, when we finish our “day jobs”. It should be ALL of life. Every day and every moment. Our kids watch what brings us joy and what makes us cry. So much of the Christian life is “caught”, not taught. So, what are our kids catching from us? What are your kids catching from you?



Art by KYJTT, 14yo – Bear family

4. Stop trying harder. Confess your sins and depend on Jesus

Many of us have worked hard to achieve what we have. Our conscientious work ethic and relentless pursuit of excellence are a part of who we are. We may say we believe in grace but deep down do we truly believe it personally?

Maybe we are trying so hard to be good parents who don't mess up. Perhaps we forget that what they need most are not perfect parents but parents who show them the real need for grace. Parents who show weakness, display flaws and simply call out for help. I know I find that really hard to do.

We need to stop feeling like we just need to “do better” and start falling on our knees simply for Jesus. Let us come to the cross and know that *“nothing in my hands I bring, simply to your cross I cling”*.¹

I asked myself, and I want to ask you, do you confess your sins with your children? Do you ask them to pray for you? Do they see you depending on Jesus for forgiveness? Do they see you relying on the power of the Spirit to transform you?

5. Help them long for heaven

Medical advances have been a huge source of help and hope for many. They have brought immense improvements to the quality and quantity of people's lives. But surrounded by sick and failing bodies, we should be confronted daily with reminders that we are living in a broken world. No amount of modern medicine and dentistry can change the fact that our patients will face death. Every medication prescribed, every dental cavity filled, does not change that our patients will one day confront their maker and judge.

Do the daily reminders of sickness and suffering make us long for our eternal home heaven? Do we pray for hearts to be softened and souls to be saved? Do we pray with our children for their friends and loved ones to know Jesus? Do we help our kids long for heaven where there is no more suffering, sadness and pain?

As parents, we are given a huge privilege and responsibility in this season of life to be shepherds and ambassadors of God to our children. Will we carefully consider how to teach, disciple and train them to know their God?

Again I asked myself and I want to ask you, will you fall on your knees to God, knowing that he will give you the strength and wisdom for this task, and that forgiveness is yours when you mess up?

It is a tiring and costly investment, but as Australian songwriter, Colin Buchanan, helpfully put it *“the greatest treasure in the whole wide world is...peace with God”*.²



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A Christian Doctors Perspective on the COVID-19 Vaccine

An important message about Vaccination in Australia presented by Dr. James Yun on behalf of The Christian Medical and Dental Fellowship of Australia.



Photo: Sachu Sanjayan – Pixabay



Abilities And Questions

After the gasps, there was no noise in the delivery room. Everyone had gone dead quiet and stared wide-eyed at the child who had just been delivered.

The obstetrician's body obscured what the paediatrician could see but his movements spoke of worry and haste. She knew something bad had happened.

The obstetrician whisked the infant away from the mother and over to the paediatrician.

The paediatrician waited at the resuscitaire, equipment primed, drugs ready. This mother has had little obstetric care. On admission the obstetrician knew something was not right so he had called for a paediatrician to be present at the delivery. The paediatrician knew to expect problems when she was called. She had introduced herself to the parents.

Nothing could prepare the doctor for the child placed in front of her. This child had one of the most severe disabilities she had ever seen. It looked as if someone had cut from the umbilicus, all the way down, and laid the infant open. The paediatrician quickly checked. Cloacal extropy, spinal bifida and absent large gut. The infant's legs flopped out at the sides from a flattened pelvis. The

sex was unclear. From the waist up the child was beautiful. The paediatrician wondered how much resuscitating she should do but nothing was necessary, the infant cried and cried lustily, without any need for intervention.

Carefully, she wrapped the child in a bunny rug and carried the infant over to the parents. "Hello," she said. "You have a beautiful child but I'm afraid we have some serious problems here." She laid the bundle in the mother's arms and saw the moment of bonding occur as she had many, many times before.

"Hello, little one," the mother said as she stroked the baby's head.

"Is it boy or a girl?" asked the father as he held the infant's hand. The tiny fingers wrapped around his calloused finger.

"Carefully, the doctor pointed out what was obvious. There may be more problems that they could not see."

"I'm not sure yet but we will test, and this child will be one or the other," the doctor said. "The baby has some very serious problems. I can show you and explain."

Carefully, the doctor pointed out what was obvious. There may be more problems that they could not see. The sex of the infant was not obvious. She would have to do more tests. She wasn't sure if closure was possible. Infection was a serious risk.

"What happens now?" asked the father.

"We can send the baby to the city, to the Children's hospital, though I'm not sure what they can do. Or we can make the baby comfortable here, to spend what life they have left loved by their family. There is no rush. Take your time to make up your minds and I will be here to answer any questions if I can."

The doctor phoned the tertiary hospital who recommended the latter alternative.

The paediatrician was deeply troubled. That night she opened her Bible looking for direction. *"To each is given the manifestation of the Spirit for the common good. Just as a body, though one, has many parts, but all its many parts form one body, so it is with Christ" (1 Corinthians 12:11-12).* She

knew that the love that Jesus showed in dying for her also belonged to this child, making this child and their family part of the body of Christ. This child was as much a part of that body as she was, with its own set of talents.

"If one member suffers, all suffer together. If one member is honoured, all rejoice together" (1 Corinthians 12:26).

She asked God to give her guidance and to empower the parents to make the right decision for them.

The doctor and the parents talked often. Family came to visit. They looked at the infant, now in a humidicrib receiving basic treatment, trying to hide their shocked faces. They said, "you poor thing" and looked away quickly. Staff came to gawk, the infant was fast becoming a gruesome side show.

The parents, now holed up in a single room, couldn't sleep and spent most of their time hugging each other, somehow willing things to be different. Gradually, they reached a decision on their own terms. The child, genetically a girl, was named Joanna, "gift from God", and plans were made to give the child a chance. The father asked the paediatrician, "Why did God make my child suffer?"

The paediatrician silently asked God to give her the right answers and slowly she delivered them. "God is good. He did not make your child suffer. Bad things happen in man's world. This is not your fault. God gives us strength to keep on going. He will give you the strength needed, too. I'm not sure if your baby will survive, but God knew this baby in the womb and has a plan for the future. Only God knows that plan but I will be there to walk beside you."

Joanna spent 5 months in intensive care. The parents have long since lost count of the number of operations she has had in the many years that have followed and will continue to have. Her parents have remained steadfastly beside her. The paediatrician has had the privilege to share the highs and the lows.

The parents are strong advocates for their daughter and encourage her in everything she does. Amazingly, she walks short distances but will never run. Her mother is active in support groups focusing on change for people with a disability.

Three weeks ago, Joanna performed her first solo singing performance seated in front of a large audience. It was breathtakingly beautiful.

As she heard Joanna sing, the paediatrician's eyes welled up when she remembered her beginnings. She never expected her future to hold this.

She thought about other children with a disability she had helped to care for. She knew the outcome for some and wondered about others.



"Riley has autism. He has just won the local photography prize in the adult section."

Photo Xiaolong Wong – Unsplash

She thought of Lily first. Three years ago the paediatrician received the confirmatory pathology results for Lily. She phoned and made an appointment to speak to the parents.

When they were all in her office, seated in comfortable chairs, she started. "I have the results of the tests," she explained. "I know why your baby daughter does what she does and can't do other things. She has a problem with her chromosomes." The paediatrician explained carefully, in greater detail but it was clear that the parents were in shock and no further information would sink in.

She met with them a few days later. They told her that when she called them into the clinic, they weren't sure why she needed to speak with them but when they left, they felt like they had their legs cut out from underneath them. She had tried to be as compassionate and gentle

as possible and arranged for support. She learned later that the father was unable to return to work for three weeks due to his distress. They had to mourn the ideal child of their dreams and come to grips with the one they had in reality.

"Why did God make my child suffer?" the mother asked.

"She is the same beautiful child she was yesterday, we just understand her better today," the paediatrician answered. "She has been blessed with two wonderful parents and together we will make sure that Lily will live the best life she can, Lily's life."

At three years of age their daughter is finally starting to walk, though it is an unusual gait. She has become more visible when the family go to the shops or the park. "It's funny the reactions we are getting now," they tell the doctor. "We just see our daughter but they see her with misguided pity. She has a happy life. We love her and she loves us in return. It is just not good to dwell on what might have been when you can enjoy the real Lily, now."

More children's faces flash before the paediatrician's eyes.

Peter has Crouzon's syndrome. He is exceedingly bright. The paediatrician remembers him arriving at her clinic a few years before. "Hello, dear," says the clerk, using a higher pitch and speaking slower as if to a much younger, intellectually challenged child. "Is Mummy with you?"

Peter replies, "No, I'm here on my own. I have my Medicare card and am authorised to sign." The clerk looked shocked. She, like most people, assumed that all people with physical disabilities are intellectually disabled which is far from the case. Peter has just started to work as a nurse. When people get over his appearance, they find him gentle and caring, and considerably more understanding than most.

Samantha has a developmental disability. She loves to skateboard and explains that her mind has 'sand in its wheels'. She can get to the same places as other people but it just takes her much longer and she has to work harder.

"Why did God make a mistake when He made me?" she asked the paediatrician many years ago.

The paediatrician replied, "God didn't make a mistake when He made you. He made you for a reason, He has a plan for you, and you are spectacularly special."

Samantha has just become a teacher and has a special calling to look after children with disabilities. In her words, she just "gets them and they get her."

Another disabled teenage patient, Neveah, taught the paediatrician something else. "You don't have to fix everything, doctor", she told the paediatrician. "Sometimes we just need to be heard and our feelings acknowledged." The teen taught her to say, "It sucks." The paediatrician felt uncomfortable to say it at first but found it got easier. A problem shared is a problem spared. Sometimes, listening is all that is needed.

Riley has autism. The paediatrician tried to get the parents to counselling but they declined. Sadly, she watched as the parent's marriage disintegrated, as those with children with a disability often do. Blame of the self or the other by one or both parents is very destructive though the paediatrician stressed that what had happened was no one's fault. In addition, their child looked normal so no one understood the difficulties they were facing.

Riley has been gifted the most amazing ability, to see what others are too busy to stop to admire. He takes photographs. He showed the paediatrician, with pride, his shots of a child being swung by her father from the father's perspective and a drop of water as it hits a puddle. They are a snapshot of wonder. He has just won the local photography prize in the adult section.

Mike has trouble speaking. His speech can only be understood by his parents and even then, only some of the time. He paints, usually with acrylics. These are pictures with deeper meaning. He can't put his feelings into words but he doesn't need to. Everything is in the paintings - everything.

Over the years the paediatrician has seen children with severe disabilities achieve amazing things

"Why do you do all you do?" her patients and their families ask her.

"I am a Christian person," she replies. If they ask for more, she tells them. Jesus went out of his way to heal the lame

and the blind. People with disabilities were very important to him. He knows them and, He knows their needs.

"Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me" (Matthew 25:40).

Perhaps, it is the openness of the paediatrician about her love of God, that allows her patients and their families to also identify as Christians and leads them to ask deeper spiritual questions they might not ask another doctor. She tells them she is not a pastor or a priest, just a humble paediatrician walking with God and shares her thoughts if they ask for them.

Molly has cerebral palsy. When she wears her Frozen princess dress, she feels really beautiful, though the lady in the shop was shocked that



"Mike has trouble speaking. Everything is in his paintings - everything."

Art by TaTa - Children's Perspective of the World

she wanted it and thought the dress looked better on "normal children."

Max likes his superman cape. When he wears it, he can pretend he can fly and be really strong when he has his dialysis.

Becky loves Peppa Pig. She brings her Peppa Pig soft toy into the hospital to hug tightly every time they do her tracheostomy changes.

Billy loves computer games though he has to be a bit more inventive to play them because he has no fingers.

Justin listens to the Wiggles when he has his shunt studies for his hydrocephalus.

They are all children with a disability, not disabled children. Their "childness" is still intact. They are children after all.

They all have families, mothers, fathers, siblings who are deeply impacted by the journey they take. It was not the one they planned when they got pregnant but their journey nonetheless. The paediatrician is honoured to share that journey. She hopes she has helped to make it a bit easier.

As Joanna's song ended and the audience erupted into deafening applause. The paediatrician thought, "So many children, so many families." They just confirmed in her that God gives all children life. And just as life is given, it also ends.

Stephanie was born with a terminal illness. There was nothing that could be done.

"Why did God let my baby die?" asks the father.

The paediatrician asks God for the right words. "This is not your fault. Your baby was just too ill to survive, but you showed her more love in her short life than many people have in a long lifetime. I believe there is a heaven where there is no pain, no illness and no disability and God has a special love for His little children."

She knows that death for some of her families means endless nothingness. She remembers 'Use your God-given abilities to reach those who don't know Him - and give Him credit for your talents.' "Jesus gives us two commandments: to love the Lord and to love others as we love ourselves" (Matthew 22:37-40).

The crowd is standing now, the applause lifting the roof. Joanna smiles from ear to ear. Her parents hug.

The paediatrician shuts her eyes and says a silent prayer. "Dear Father, Father of all children, thank you for loving Joanna. Thank you for helping me to see the ability in a person and learn to ignore their disability. Please continue to use me as your hands and may all who come in contact with me know that I am Christian by my love. Amen."

The very able children in this story are real. The names of the children have been changed to protect their privacy.





Photo: Duy Pham - Unsplash

Faithfully Counselling Teenagers



Despite the obvious challenges, working with teenage patients can be incredibly rewarding for a GP. To do this work as a Christian offers remarkable opportunities to help, challenge and invite young people to witness the relevance of the Gospel.

A Few Common Issues

Adolescence is a time of substantial complexity, self-consciousness and a growing desire for independence without much capacity for it. Countless ideas compete for attention. A myriad of pressures, thoughts and desires pull them in all directions: pride and performance, pleasure and sensuality, possessions, a desperate desire for approval and acceptance. Adolescence often ignites ferocious emotional upheaval. Teens are commonly defensive, resistant to correction, self-righteous and self-centred, focused on the present and seeking rapid sources of gratification, particularly through the misuse of sex or substances. Teens are exposed for the first time to a steady stream of complex, serious and deeply confronting adult problems. The future is deeply uncertain; daunting questions about vocation and friendship sit alongside many earnest doubts about self-worth, "Will anyone ever love me?"

Modern teenagers seem to be prominent sufferers at the epicentre of a fraying society. Marriages fail with alarming frequency, forcing teens to alternate between the homes of their two parents. Informal intimate relationships are normalised and celebrated though they rarely last the length of time to raise a child. Instead, many teens experience both parents in their own cycles of short-lived, low-quality relationships and are forced to accept less than ideal circumstances, including an array of non-biological adults passing through.

Problematic peer relationships are also prominent amongst the multitude of modern issues faced by young people. Isolation is common and most young people have very few healthy friendships. Sex is commonly the precursor to a potential relationship and typically results in varying degrees of disappointment, shame and the objectification of at least one participant. Committed, lasting, mutually satisfying relationships are rare, whereas transient, non-committal, openly promiscuous relationships lacking in trust with varying degrees of abuse abound.

The ever-changing landscape of social media brings a variety of issues, including influencers provoking unreasonable comparison and triggering harsh self-

scrutiny. Content that compellingly coaches teens in disordered eating, harmful exercise, unhealthy messages around gender and identity, extreme forms of self-harm and suicide planning methods are easily found. Young people who have watched such content find that it quickly dominates their feeds and can take years to disappear. Scrolling through feeds can be quite addictive and offers an endless stream of content that naturally lends itself to social isolation, anxious avoidance and unhealthy disengagements from crucial parts of life, like school and family.

Despite the challenges foisted upon them, adolescents are particularly geared to adjust and thrive in unideal circumstances. As most of us have observed, the early teenage brain is specifically adept at being critical. Highly sceptical and negative analyses allow teens to observe, adapt and hopefully learn to avoid repeating the problematic dynamics they experienced in their childhood.

As they age, adolescents are particularly malleable and adept to change. Amongst the challenges of working with young people, one of the great joys is seeing their tremendous capacity to take suggestions and run

with them. It is wonderfully common to witness supported young people develop agency, build momentum, conquer crippling addictions, leave behind unhealthy friendships and escape abusive relationships, never to look back. Adolescence is a journey of exploration and maturation within which it can be richly rewarding to offer support and guidance.

Engagement About Faith

Working in a secular clinic, most young patients have little to no interest in religion (1 Cor 1:18, 2:14; Rom 8:5-8). A number have negative experiences of historic family connections to church in previous generations. Far fewer have had contact with genuine believers. To most patients, enquiries about religion provoke immediate scorn and derision, at times followed by a nervous partial apology after a moment's circumspection.

I have found that conversations related to faith are far more helpful when they come from a very personal lived experience or conviction as it relates to the issues arising in the consultation (2 Tim 2:24-26). Feelings are king in this age and generation; when I've got skin in the game, young people are far more likely to reserve judgment and listen with surprising respect and curiosity (Ps 34:8; 1 Pet 3:15). Here lies the role of the Spirit; for days and weeks of personal anecdotes, snippets of Scripture and ideas stemming from a Biblical worldview

- some flicker into fascinated flame and others fade without memory or offense.

Although it may be surprising, I find the local church has a dominant role in my consulting room. The church is a wonderful place for non-believing young people because of its qualities and natural inbuilt witness. Together, we are the aroma of Christ (2 Cor 2:15-17, 5:20).

I may raise church as part of a discussion while exploring the paucity of healthy relationships in a young person's life. I ask young people to nominate potential local groups and places where they might forge future friendships. Pubs and clubs are often volunteered as possible social options by patients. Sporting teams, the art scene and University social clubs are also frequently named. When focusing on the potential of each of these ideas, young people often feel they are likely to be fruitless. Here, I can offer with confidence what I commend as a strange idea, namely, church. I make it a priority to know the health of local churches in my area, so that I can explain gently and winsomely,

"There is a really great group of young people at the church just down the road from your place. They hang out all the time. They are super friendly. There is no pressure to hook up, get drunk or wasted. And they would be really friendly to you, and keen to include you in the stuff that they are doing."

I will also often speak to reservations before they are spoken,

"There is no requirement for you to believe what is being taught, or to even be interested. You can come and go freely, and no one will hassle you."

If there is enough interest at the initial discussion or in future consults, I will often offer to put them in contact with a young minister, women's worker, or mature evangelistic young Christian. Simple things make a difference, like asking,

"Would you like them to give you a call, or for me to give them a heads up and give you their number for when you are ready?"

By seeking simple ways to invite young people to their local church, I know of many who have been brave enough to go. I can testify to young people who have come under conviction as they witnessed the love between Christians and heard the preaching of the Word in the local church, a place they had no likelihood of visiting (John 13:35-36, 1 Thess 4:9-12).

Teenage crises are a genuinely crucial moment of life that opens a fleeting window of opportunity to consider the relevance of the Gospel and to understand God as a tangible help in every time of need (Ps 46:1; Deut 4:7, 1 Pet 5:7). When the only default strategy for relief is one of retreat to the bedroom, it is profound to consider that the God of all mercy, our Creator, the



Art by TaTa - Teenage openness

Creator of the universe, the sovereign Lord of all, implores us to call out to Him and reminds us that He will hear our cries (Ps 91:14-15; Heb 4:14-16).

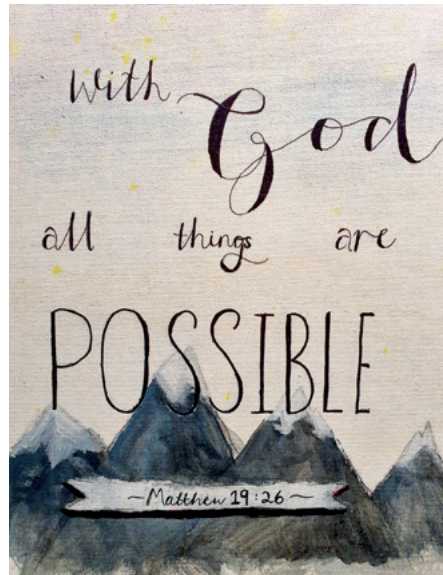
CCEF counsellor, Ed Welch, reminded me of this potent dichotomy in Hosea 7:14, "They do not cry to me from the heart, but they wail upon their beds". When faced with such a stark contrast, crying to ourselves seems such a pitiable choice compared with receiving loving attention from the Living God. We want our patients to truly know God and run to him during the trials of life (Ps 18:1-6,16-19; Prov 18:10).

A Few Principles for Counselling Teens in General Practice:

Take good amounts of time to listen well, build the relationship and cultivate a space where substantial conversations are looked forward to by the young person. In an age of negativity, skepticism and limited openness, trust must be earned. Doctors aren't inherently trusted by this group and any sign that you are in a hurry, distracted or being pushy will likely spoil attempts to build rapport. Consider booking generously long appointments for new teens, especially if they are coming for mental health, family or social difficulties. You will be glad to have this extra time and it will set up the foundation for making future progress.

Get to know the young person deeply. Whilst a DSM V diagnosis may be helpful, we want to understand a person in a far more profound way than that of a reductionist label - a description of symptoms which cannot possibly grasp larger questions of aetiology or greater meaning. As believers, we have the divine resources to help a young person wrestle with the deepest questions of life in a way that is not possible with even the most profound secular psychological approaches.¹

Consider using a framework to build an understanding of the young person's life. As one example, the HEEADSSS (Home/historical background, Education/employment, Eating/exercise, Activities, Drugs and alcohol, Sexuality and relationships, Suicidality, self-harm and safety, Spiritual interest and belief) assessment works well to prompt us to consider specific areas in detail. I would generally suggest keeping a shortcut template which allows you to let the conversation flow however it unfolds, but to remind you of things that have not yet been discussed. Using a framework helps the clinician to be thorough and the young person to feel well cared for.



Art by KYJTT, 14yo - Encouragement for Teens

Most dynamics of concern can be raised when covering these aspects of life.

Parents are a very important part of a teenager's life. They are very often the main driver for the appointment and the only reason the young person is sitting with you. Parents are often far more able to articulate what is wrong and get straight to talking about the issues at hand. I find it very important though to stop the parents from doing this (except for young children, or extremely anxious teens). Rather, invite the young person to open the discussion. I seek to help the young person feel that the appointment is not just about them, but for them, centred around their concerns and led by their priorities. I often have the chairs positioned so that the young person sits slightly in front of or angled away from their parent/s. In this position, the young person is more likely to engage well, and less likely to simply refer my questions to their parent/s. They are also less likely to be distracted when parents vigorously nod in agreement with things that I say. At an appropriate time, I would ask the young person's permission for the parent/s to reflect on what their child has said and add their own observations. At the start of a consultation, I usually let the young person and their parent/s know that we will get the parent/s to pop out during the consultation (and that the young person can request this at any stage). Depending on the parent-child interaction I will often ask the parent/s to leave somewhere in the middle of the consultation. If the parent/s is overbearing or provoking distress, I may ask them to leave earlier. In almost all consultations, I

will discuss the return of the parents and negotiate what we will discuss with them. I find the technical details need to be raised with most parents (suggested blood tests, negotiated follow-up times, options for counselling, and the full discussion about whether medications are recommended). I find this dynamic of empowering the young person and negotiated communication very helpful for unearthing and later discussing the issues with parents, which could not have happened if the parents stayed the entire consultation.

Teenagers lack wisdom and are particularly vulnerable to the temptations that spring from sexual desires. It is crucially important to be willing to talk openly about sexual matters, including pornography, unhealthy relationships, mistreatment, and the dynamics of sex outside of permanent committed relationships. Young people generally are surprisingly comfortable to reveal wariness, a lack of concern, or fears regarding sexual dynamics impacting their lives. When thinking about sex, don't forget to consider matters of the heart. A focus only on behaviours will fail to grasp crucial dynamics, such as the deep desire to be loved, accepted and known. Where possible, conversations around sexuality and relationships should allow a juxtaposition of the ugly brokenness of modern sexuality with the beauty of a richly biblical, practical vision for healthy relationships and lasting sexual satisfaction. I have witnessed non-Christian teens being especially drawn to this radically alternative way of relating to others and through these conversations, become interested in the wider spiritual exploration and emboldened to visit a local church for the first time.

Look for Biblical Categories

Much of what medicine and counselling seek to address are also profoundly theological and addressed richly in the Scripture. Consider how the counsel of the Word could be substantially relevant to your patients' relationship problems, issues of identity and personhood, suffering, abuse, addictions, destructive coping mechanisms, negative emotions, or a sense of meaninglessness. To the extent that sins and separation from God are never raised by us, we who believe are denying patients something crucial and doing them a tremendous disservice (Eph 2:11-18,4:18; 2 Cor 4:5-6,5:20).

Raising spiritual things with an unbelieving teenage patient in a secular

space requires great prayerfulness, wisdom and sensitivity, but should be our earnest desire as we attentively look for and walk in step with the work of the Spirit. When we do not seek to offer Christ, we leave patients floundering and fail to reveal the ultimate remedy to all that ails them (2 Cor 2:15). As you seek to know the young person, look for biblical themes and categories² that can be observed from actions, thoughts, feelings, desires, fears and their story. Consider what philosophies and voices inform their approach to life and seek to understand their experience and the problems in their life, from their perspective.

Communicating Well

How we approach communication with teenage patients is crucial. If we are seeking only to understand the most blatant presenting issues and undertaking to quickly fix the obvious problems of our teenage patients, most will quietly tune out and politely await the end of the appointment. Instead, we should seek to draw out the young person to speak from their heart. Our young patients should be facilitated to say far more than we do (Prov 10:19,12:18,15:23,17:27,29:20; James 1:19). Pursue teens with genuine curiosity, and simple, open-ended questions paired with demonstrations of concern and sincere optimism about their future. Rather than bequeathing our solutions to their problems, we should be helping them to learn how to develop their own strategies for addressing all that ail them.

Stay calm - don't allow yourself to get flustered by disclosures of suicidality, self-harm, sexual brokenness, or even emotional tirades in the consultation room. Your young patient is watching you carefully, and your reactions to each of these moments serve to test your reliability, confidence, ability and your willingness to help when things aren't easy.

On a superficial level, many issues may seem directly related to common dynamics associated with teens being motivated by short-term preferences or bodily feelings such as hunger or tiredness. Parents have often already zeroed in on these dynamics with heavy-handed criticism of apparent laziness, selfishness and refusal to participate in what is expected in the family. Rather than falling into the same traps already ensnaring the family, we do well to wisely recognise that this teenager has far more going on.

Despite blatant self-centredness and other effects of the fall, our patient is

made in God's image and has motives, longings and desires instilled by God that we can celebrate and appeal to. Using the wisdom gleaned from the book of Proverbs we can expect that most young people have substantial deeper desires. These desires might include: being thought well of, having healthy friendships, having proud parents, to find love, to be successful, useful, secure, confident or financially well-off. Most teens have deep desires not to be mistreated, exploited, tricked, or be characterised by anger, lying, or selfishness. Exploring and stirring up helpful, yet subliminal God-given desires can be incredibly fruitful in motivating change. Asking simple, repeated questions of "What do you want? What else?" can highlight helpful desires and their intrinsic motivation as helpful subjects for discussion, wise counsel and support to navigate out of current impasses. Be willing to highlight poor choices by showing how they are ultimately counterproductive to their most precious goals. Wisely approaching young people will help

"Modern teenagers seem to be prominent sufferers at the epicentre of a fraying society."

to foster a helpful relationship that may grow to be able to talk about spiritual matters, including our need for a reconciled relationship with God.

When thinking with biblical categories, we may find it easier to remember helpful responses from the Scripture in responding to common problems and the influence of unhelpful patterns of thoughts such as hedonism, materialism, unhealthy autonomy and entitlement. The Bible recognises that young people do experience great temptations to some sinful desires. Paul exhorts Timothy to be especially vigilant regarding sexual desires, arrogance, argumentativeness and anger as he encourages in 2 Tim 2:22, "*Flee youthful passions... and pursue righteousness, faith, love and peace.*" Teens from all backgrounds naturally question all that they have been taught

and observed while growing up. This is an especially formative time where young people reformulate what they believe about the world, about people and about God. They also have a tremendous capacity for introspection and self-reflection, which allows them to be more open to helpful voices and challenges, such as those offered to Timothy by Paul.

Be willing to share from a personal perspective. In this precious window of openness and interest, seek opportunities to offer relevant Gospel stories. If this doesn't come naturally to you, you may benefit from resources like those produced by Soma³. Teens are very sensitive in detecting any hint of inauthenticity, so be forthcoming and sincere. To speak the truth in love (Eph 4:15) catches the attention of young people. Approach them with God-given mercy and a commitment that involves a willingness to take extra clinical time, to negotiate family dynamics, to share personally, to persevere through discomfort and to stick with young people for whom progress may be slow.

Because there is no particular script for counselling teenagers, each of us who are given this opportunity must rely on God's measure of wisdom, patience and hope (Col 4:2-6). I pray that in these consultations, you too would have the privilege of witnessing God drawing young people to Himself and to the local church amid their strife. May God enable you to be a wise and steady counsellor for your teenage patients and give you the boldness and means to point the teenagers to find their help in Him.



References:

1. I heartily recommend the ministry of the Christian Counselling Educational Foundation. They offer a biblical counselling framework in readily applicable ways. CCEF.org has a variety of audio, blogs, books, journal articles and excellent online training. GP turned counsellor Dr Mike Emlet's book *Descriptions and Prescriptions: A Biblical Perspective of Psychiatric Diagnoses and Medications* is a helpful summary of the topic. Similar books on depression, anxiety, anger and the fear of man are equally excellent. Needing slightly more contextualisation is the training through ACBC <https://www.biblicalcounseling.com/online-training/> which is very good and inexpensive, albeit blunt.
2. A sampling of biblical themes could include: idleness, discontent, idolatry, anger, bitterness, fear, grief, despair, doubt, gluttony, greed, gossip, mocking, lying and sexual immorality which includes lust.
3. <https://www.gospelfluency.com/video/>



Photo: Ben Wicks – Unsplash



They Are Children Of The Same God

Another day of seeing a child developing differently. That is what the parent told me. There is silence. There is hesitation. Plenty of pauses. In between the child demands the attention of the mother! I wondered! She knew exactly what the child wanted. We finished the consultation. Deadly silence. More questions and sometimes tears. Hope and future buried in those questions! Lord we are all human – can you please answer those questions for me!

Introduction

This child is now included in the 15% of the world’s population with disabilities. Disability can be visible and or invisible, progressive or non-progressive. The pain and suffering for the parents and child become a reality to reckon with daily.

Along with the diagnosis of “disability” comes countless medical visits. Each encounter and conversation takes root in the hearts and minds of the parents. Disability takes its toll financially, emotionally and relationally. This alters family dynamics and impacts the many individuals who play a part in the life of this child.

There are many scholarly and theological articles on this disability. The role of religion, models of care and the contentious issues in disability have been discussed. They highlight the tensions, failures and societal progress in caring for the disabled. Needless to say, there are many more that need our attention... and desperately. In reality, the actual needs are awareness, awakening, action and genuine and complete acceptance

“Even in Jesus’ time, many continued to live with their disabilities.”

of all children with disabilities. In other words, a willingness to go that extra mile with the child and the parents.

We will not have the perfect world on this side of the return of Jesus Christ (Revelation 21). Questions will remain unanswered to the dissatisfaction of all the stakeholders, especially the parents and children.

As expecting parents, we will always have dreams and aspirations, through the eyes of the world, for our children. These dreams and aspirations are shattered when there is unexpected “bad news” before or after the birth of the child. Initially, there may be shock and disbelief. There may also be anger, frustration, denial and disappointment. Then the ultimate realization gradually sinks in, “I now have a child with different ability – impairment or disability”.

How God sees disability

The Bible is not silent about disability. Jesus spent a lot of time with people with disabilities. He healed many, but not everyone. Even in Jesus’ time, many continued to live with their disabilities.

The Bible says *“God formed my inward parts; God knitted me together in my mother’s womb” (Psalm 139:13). We are fearfully and wonderfully made. He made us all by one blood for His purposes (Acts 17:26).*

There were many disabled at the side of the pool (John 5:1-8). This one man was unseen for 38 years, but Jesus saw. Learning about him, Jesus went to him and healed him. What about the others at the poolside who were not healed?

The Old Testament makes many references to disability too. The passage in Leviticus 21:16-24 teaches us another theological point in the context of God and disability. To enter the holy of holies in the tabernacle, a high priest without blemish, physically and in the heart, was needed.

In the New Testament, Jesus became that great high priest. The real issue is spiritual, not physical imperfection. Physical imperfection can still enable you to serve God in your calling. As followers of Jesus, we are *"a chosen people, a royal priesthood, a holy nation, God's special possession, that you (we) may declare the praises of him who called you out of darkness into his wonderful light"* (1 Peter 2:5,9). We can all function as a member of the priesthood with any level of ability.

Again in the Old Testament, the stutter of Moses teaches us about God in disability. The Lord said to Moses, "Who has made man's mouth? Who makes him mute, or deaf, or seeing, or blind? Is it not I, the Lord?" (Exodus 4:11). Moses argued with God to prove he was not suitable for the calling. God did not take away the stutter but provided a solution in Aaron. That did not diminish Moses' calling. The same applies to those born with special needs.

Jesus came to give all of us abundant life (John 10:10). Through Jesus Christ,

the issue of quality of life is addressed: *"This is how God showed his love among us: He sent his one and Only Son into the world that we might live through him"* (1 John 4:9). Jesus is interested in our present. Life with weaknesses and abilities with Jesus is infinitely better than a perfect body without Jesus. *"If your arm is offending cut it off!"* (Matthew 5:30). This is a figurative quote by Jesus.

"When we see a physical limitation, God sees beyond it."

Jesus is just as interested in our eternity. When we see a physical limitation, God sees beyond it. His is an eternal perspective. For what is seen is temporary, but what is unseen is eternal (2 Corinthians 4:18b). Revelation 21:3-4 reminds us, *"They will be his people, and God himself will be with them and be their God. He will wipe every tear from their eyes. There will be no more death or mourning or crying or pain."* Jesus is desperate to ensure that we all have a home in eternity where there will be no more pain, suffering, or disability.

(God made us all in his image as we were formed. He knows, sees and comes to us. God saves me - that's definite. He heals me according to his sovereign will which is perfect for me.)

How the family and child see disability

Thinking back to the child with disability...

I imagined this child standing on the seashore with the parent. The sea was roaring. People were busy with their own activities. The waves were relentless but did not fail to reach the shore. Some were gentle and soothing to the feet. Some were strong and rough, demanding strength and ability to weather it. Then on and off the forceful waves hit the shore. The parent had to hold the child tightly to protect the child from being washed into the sea! Both of them tumbled but rose up again to face the next wave.

This is symbolic of what I have seen over many years as a medical practitioner.

The waves come in the form of medical challenges, diagnostic dilemma, challenges in accessing services, the uncompromising health system, and even heartless professionals (not many!). Then, there is often family crisis as well in these already struggling families. For example, the sibling of a child with



Photo: Natalya Zaritskaya - Unsplash

disabilities misbehaving in school or in the community, or unexpected sickness or death of a caregiver. The list of problems is endless.

The family's struggles are acknowledged. However, communication may fail. There may not be time for each other and mental health may not be optimal. Relationships within the family may be at risk. Indeed, the risk of a family breakdown is higher after a diagnosis.

And the child? This child is no different from any other child created in God's image. He/she is looking for love and joy. The child has hopes, expectations and dreams about their future. This child, no doubt, is of the same worth as any other in God's eyes and has access to the same unlimited grace and love.

Yet, in this life, this child is faced with many challenges. He/she must deal with pain, vulnerability, suffering, disconnection, and potential dependency. The child may be confronted by societal rejection, simply because he/she is viewed by others as having disabilities.

Just like any other child, there are many things that this child cannot control. The difference for the child with disability is that at times, it seems like no one has any control, not even the parent! To ensure some control over the quality of life of the child, obtaining financial and therapy assistance at the crucial stages of development and finding an appropriate school will be vital for this child.

We tend to refer to people with disabilities as a "single group". In reality, individuals with disabilities are diverse. Even two individuals with the same disability may have quite different needs. For example, a child with a below knee limb deficiency tends to have better mobility with a prosthesis than a child with a more extensive limb deficiency. This is because he/she has better control of the prosthetic leg. Or if the limb deficiency is caused by a traumatic brain injury affecting motor functions, the challenges are likely to be quite different and probably greater.

Another example is a child with learning difficulties. Learning difficulties affect children with normal intelligence as well as children with below normal intelligence. Moreover, the learning difficulties experienced by each child may be quite different. Some

children may have a specific learning difficulty in reading, writing, or drawing and so on. Other children may have multiple learning difficulties.

Autistic spectrum disorder (ASD) is yet another example. Children with a diagnosis of ASD may be considered the same by society but the condition affects each child differently and each child's functionality is unique.

Then, there is also the environment that makes life difficult for the child and his/her parents. The disability support system wants to categorise each child to enable access to government-funded disability services. This is not always possible. There is pressure on all stakeholders who are expected to deliver. We need compassion to consult. We must collaborate. And we may need to

"Just like any other child, there are many things that this child cannot control."

delay the diagnosis and plan ethically. The virtue of waiting is wonderful! But as a health provider, will I be allowed, or will I be criticised, or even penalised?

Apart from care, what else does the child need?

We can learn a few lessons from reading the story of David and Mephibosheth (2 Samuel 9:1-13). David had become the king of Israel. He inquired about his friend Jonathan and his family with the desire to express his gratitude, although David had previously been hunted by Saul, been through war and treated unfairly. Ziba, a servant of Saul's household told David, that *"There is still a son of Jonathan, he is lame in both feet"* (v.3 and 13). Mephibosheth, the son of Jonathan, was crippled since he was dropped as a baby by his servant (an acquired disability). When Mephibosheth met David, David reassured him, provided for him and invited Mephibosheth to always eat at his table. This would have given Mephibosheth self-esteem and identity and restored him back to the community he belonged.

(We need to reassure, provide and place the child with disability

alongside us, to build and develop his/her self-esteem and identity, and fit into a community and have others to relate to for the rest of his/her life.)

What is the Christian response – you, me and the church?

What is our attitude?

Sometimes I wonder, "What happened to the sharing and caring that we are taught in church?"

I grew up in a home with a close relative who had epilepsy until she died. On more than one occasion, she experienced seizures during the church service. At the time, I felt embarrassed. However, I appeared strong to support my mother in helping our close relative. From these experiences, I learned some lessons of practical Christianity!

One of the most critical lessons I learned is the importance of showing compassion and living compassionately each day. I need to do this. You need to do this. Thankfully, there are many compassionate people around.

Why is it that some people are not moved? Is it because of not knowing? Or because some are unfamiliar with the concept of living, responding and caring for the vulnerable, marginalised children and the families? Why do some individuals protest and complain and exert their rights if they are asked to do something at work without being trained?

Like many medical practitioners, I want to help. However, the families can be demanding, unreasonable, or too naïve and in denial. There may be cultural differences, different values, different expectations of the social system. Uncertainties may lead to more uncomfortable situations. Sometimes, I become doubtful of my ability to respond. In those situations, I ask the Lord to help me take a step in faith. I remind myself to be inclusive in an individualistic society. As the Bible teaches, look after the welfare of others (Philippians 2:4).

As Christians working in health, do you take time to understand and seek God's understanding? When did you last take the time to consider?

Do you understand the difference between healing and curing? (My thinking is the former is the removal of the oppressive symptom and the latter is a physiological reconstruction

of the physical body or function).

Often, it somehow feels more comfortable to do something, rather than understand and learn more about something. The story of Mary and Martha comes to mind!

What is church's attitude?

I would say the church has a generally healthy attitude towards disability. Of course, there is always plenty of room for improvement. There is a collective effort to make genuine adjustments in accepting all. However, the church is made of individuals. Each of us needs to play our part. We all need to be the change we want to see. Let us encourage others in the faith community, especially those who have not considered this issue.

Jesus teaches us to love one another and he helps our love for others to grow. Nevertheless, we are human, and therefore we are not blameless or perfect. Love cannot be manufactured. The church needs to grasp the difference between being good and kind, to valuing and loving life regardless.

The Bible clearly demands that we do to others what we wish others would do to us (Luke 6:31).

Conclusion

Despite advances in science and technology, the statistics on disability, both in adults and children, are not improving.

For the child with disability and his/her family, may we show the love of Jesus.

Empathy and sympathy alone may not address the real need. Couple empathy and sympathy with love in action. For example, fixing the ramp for the wheelchair is practical help. Add to these, continuous support and prayer in full measure. The Bible calls us to pray without ceasing (1 Thess 5:17).

Blaming the church and urging the church will not improve the issues that come with disability. The needs of the child with disability are diverse and change with age and different circumstances. Therefore, we need to embrace disability and make changes together, so that we can provide the needed support and understanding.

As we saw in David, the grace of God and his love flows through us. This should motivate us to be gracious to others, regardless of their appearance or ability.

Focussing only on the deity and divinity of God and minimising relationship (Isaiah 57:15) can be dangerous as it may create blind spots in our spirituality. Care and compassion arise from relationships.

Government deficiencies and the limitations of care providers are unlikely to improve rapidly. Moreover, governments and care providers may not necessarily share our views and values. These are often the key targets for criticism.

What is needed is a transformation in all of us. We need a Christ-like heart. A heart of love, acceptance and sacrificial caring

of others. We need to live intentionally, looking out for everyone around us regardless of ability or disability.

Even if the diagnosis is reinforced and all the needs and supports are optimal, neat outcomes aren't the norm in most areas of medicine. Many doctors and healthcare workers carry this weight, but kind words can soften the blow of bad news, and empathy and understanding can undoubtedly ease the burden.

There is no greater comfort than human connection. And the connection is even more meaningful if we are connected to Jesus Christ because in Christ, we have eternal hope.

My day at work is over...

*All the things I have discussed above rushed through my mind. The many conversations and phone calls with therapists, teachers, child care and disability workers and government agencies are echoing in my ears! I know I have tried. I don't know if my efforts were enough. I feel encouraged that I had some time with this child, to look, listen, touch and play a part as a health professional. Maybe I helped a little or maybe I upset the parent! I reminded myself, again, I am also a mere human. God willing, I will return tomorrow and do it all over again with another child and his/her family, believing that it is my calling. Trusting God to provide for me and for them. **He is ALL SUFFICIENT.***



Art by Diana Lee and Katelyn Tsang



Photo: Dainis Graveris - Unsplash

Children And The Ideology Of Gender Fluidity



An ideology may be defined as a system of ideas which forms the basis of economic or political theory and policy. The Bible extends these bases to include behaviour. Proverbs declares, 'As a man thinketh in his heart, so is he.' (Proverbs 23:7 KJV).

Once formed, ideologies are usually disseminated by some process of education and (depending on the authority of the teacher, the attractiveness of its presentation, the stressed importance of its message, its repetition, and the vulnerability of the student) they can become internalised: contributing to, if not creating, the inner identity of the recipient. That inner identity is then expressed in behaviour.

Historically, many ideologies have absorbed the hearts of human beings, some with positive effect, others with negative. One current ideology is known as 'gender fluidity'.

What is gender fluidity?

Gender fluidity is a system of ideas that maintains there are no fixed entities as males and females: gender identity is

a flexible phenomenon on a 'rainbow' between those entities; a product of the 'heart', not bound by chromosomes.

Proponents of this ideology claim it is not new. They argue that the current epidemic of children and adolescents seeking to change their gender represents the confluence of greater social acceptance of an established phenomenon, reinforced by developments in medical science that can facilitate external appearances of the opposite sex.

"...school children and adolescents report being taught that gender is not fixed..."

Proponents argue that if the claims of the child or adolescent to 'have been born in the wrong body' are 'persistent and insistent', such identification should be

'affirmed' in a process that begins with social acceptance and may progress to blocking puberty with special drugs, then the administration of cross sex hormones, then surgical efforts to approximate the physical appearance of the desired gender. Obstruction to the process of 'affirmation' is condemned by proponents of gender fluidity as abuse. In Victoria, obstruction has recently been declared by parliament to be a criminal act worthy of up to 10 years in jail and the imposition of crippling fines.

What is the particular problem, right now?

The particular problem, right now, is that there are reports that the ideology of gender fluidity is being promoted in various ways in some schools and teacher training centres in NSW (and, in all likelihood, in other states).

Very cleverly, in ways crafted for various ages and presented by various authority figures, school children and adolescents report being taught that gender is not fixed; they may not be the boys or girls they were brought up to believe; though they may have 'been born in

the wrong body' change is possible, and acceptable; that gender identity is from the 'heart' not the chromosomes. Teachers report being taught the need to identify children struggling with gender confusion, to discern and report parental obstruction, to accept and confer new names and pronouns (if necessary without informing the parents), and to accept the validity of self-identification with regard to toilets and dressing rooms, and participation in sporting events.

Is there a response to the problem, right now?

Right now, the *'Education Legislation Amendment (Parental Rights) Bill 2020 (NSW)'*, which seeks to ban the teaching of gender fluidity and associated practices in schools, is under consideration by the NSW Parliament. The Bill has been proposed by Mark Latham of the small One Nation party and will surely be defeated without support from members of the major parties.

The Bill refers to international Human Rights agreements that stress the primacy of parental responsibility for 'the development and formation of their children in relation to core values such as ethical and moral standards, social and political values and an understanding of personal identity, including in relation to gender and sexuality'.

In light of this, the Bill not only seeks an official ban on the ideology, but insists on the ability of parents to monitor its application by their free and open access to all official and unofficial curricula and activities. Also, parents must not be 'kept in the dark' over transgenerating behaviour in their children (such as collusion with teachers over the acceptance of new names and pronouns).

The Bill declares self-identification is not sufficient for access to toilets and dressing rooms, or to participation in competitive sports beyond year 7. And, parents should be free to remove their children from schools promoting gender fluidity.

Of course, not every school in NSW is involved in gender fluidity promotion. However, the authors of the *'Parental Rights Bill'* maintain that sufficient evidence has been presented to Parliament to warrant proscriptive legislation. Such evidence is summarised in the *NSW Parliamentary Report 44, September 2021'* (available on www.parliament.nsw.gov.au).

Parliament.nsw.gov.au). Perusal of that report also fails to reveal any evidence that gender fluidity is not being taught in schools. Those who reject the *Bill* seek to justify the teaching of the ideology of gender fluidity. They argue, essentially, that such teaching is necessary because it is 'liberating' for children struggling with gender identity, and 'empathising' for the rest.

A better understanding

Review of some of the epidemiological and clinical features of the current epidemic of gender fluidity may contribute to better understanding of the dangers of its promotion to the vulnerable in schools²

1. It is a relatively new phenomenon. For example, in 1985, Robert Kosky, chief psychiatrist in Western Australia reported on the phenomenon of the 8 childhood cases which had appeared in that state in the five years from 1975–1979.³ Now, a few cases are presenting to gender clinics in that state every week.
2. No biological cause has been found. On the contrary, the phenomenon bears features of a 'social contagion': a psychological phenomenon inspired by teachings in schools, the internet, social media and by peers that is passed from one vulnerable group to the next, similar to the contagiousness of anorexia nervosa and youth suicide.
3. Fortunately, almost all gender-confused children will revert to a gender identity congruent with chromosomes during puberty,^{4,5} combined with individual and family psychotherapy, with special care given for co-morbid mental disorder. There is no need for 'affirmation'.
4. Most gender-confused children have been diagnosed with associated mental disorders. Many studies reveal those disorders ante-dated the onset of the

symptom of gender confusion.^{6,7,8}

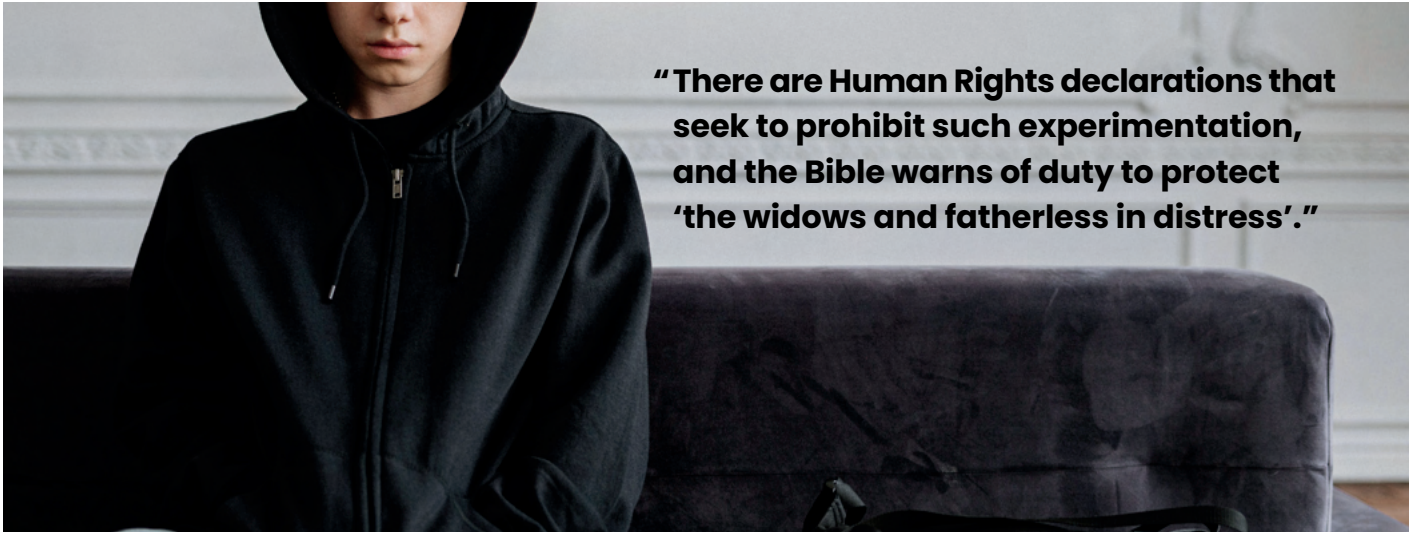
5. Most reports reveal a high prevalence of broken homes compounding mental stress in children with gender confusion.
6. While mental disorders and social upheaval predispose to self-harm, there is no evidence that gender dysphoria per se predisposes to suicide, despite the manipulative power of that claim.^{9,10}
7. On the contrary, transgendered adults have a rate of suicide of some 20 times higher than the general population,^{11,12} suggesting the best way to prevent suicide in gender confused young people is to help them to accept the determination of their chromosomes.
8. Hormonal 'affirmation' is not 'safe and reversible' as claimed. Laboratory studies of the effect of 'puberty blockers' reveal sustained brain damage in sheep and other animals, reflected in altered behaviour.^{13,14,15} Human studies on the cerebral effects of cross sex hormones reveal the brain of adult males administered oestrogens shrink at a rate 10 times faster than ageing, after only 4 months.¹⁶ Remember: cross sex hormones are often administered during the time of great brain development in adolescence and may be continued for life.
9. The inability of children and adolescents to give informed consent to such experimental procedures of life-long consequence has been recognised by the High Court in the UK and the practice is being restricted in Finland and Sweden.
10. Though criminalised in Victoria, individual and family psychotherapy with appropriate care of co-morbid mental disorder has been shown to be an effective therapy.¹⁷

"...the Parental Rights Bill will challenge, if not stop, the propagation of this ideology in schools."

Conclusion

The Bill confronts a major problem in current society. The ideology of gender fluidity has gained much ground in a very short period. Scores of children and adolescents are now presenting, every year, to clinics in Australia that practice 'affirmation'.

If successful, the Parental Rights Bill will challenge, if not stop, the propagation of this ideology in schools. By contrast, its



“There are Human Rights declarations that seek to prohibit such experimentation, and the Bible warns of duty to protect ‘the widows and fatherless in distress’.”

defeat will be interpreted as a ‘green light’ for more exposition. As a consequence, more children will become confused.

Though no similar Act is being promoted in NSW (as yet), in Queensland, ACT and Victoria there is already legislation forbidding so called ‘Conversion Therapy’, thus mandating the delivery of gender confused children to clinics that practice hormonal ‘affirmation’. Parental and other counselling, prayer and psychotherapy are all forbidden. In Victoria, gaol sentences of up to 10 years may apply for anyone seeking to change or suppress someone’s ‘sexual orientation and behaviour’.¹⁸ Should such legislation be accepted in NSW, gender confused children will be recruited in schools and directed to special clinics by law. What must be done?

We cannot abandon children to the experimental,^{19,20} ideology of gender fluidity. There are Human Rights declarations that seek to prohibit such experimentation, and the Bible warns of duty to protect ‘the widows and fatherless in distress’. The Bible speaks of the ‘truth making you free’. Thus, in a secular sense, and while there is time, we must warn of the unscientific, experimental ideology of gender fluidity. For this we need wisdom, courage and endurance. There may be petitions supporting the Bill in the future. In the meantime, the process could be started by writing of your concerns to your local MP, or posting a copy of Luke’s Journal to local members of parliament in NSW, seeking their opinion.



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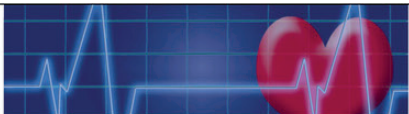
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